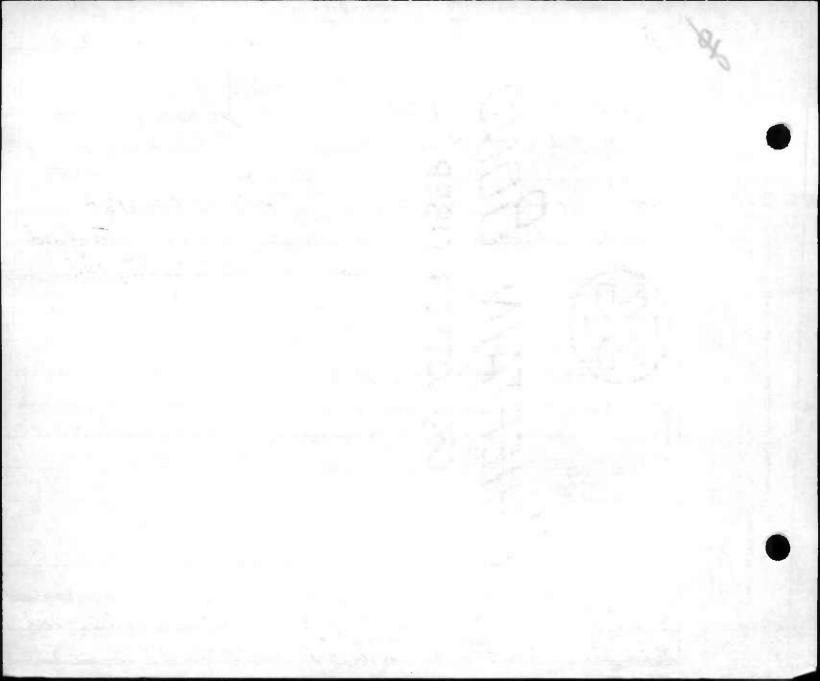
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE ORDEATH REGISTRAR 20 DATE KNOWN DECEASED NAME MONTH 76 HOUR DAY CHARLOS PRINTS OF ESTI-Andrea Acree 10/19 87 4 RACE DATE OF BIRTH AGE LIN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 25 HOUR 254 P M 21. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD 10/19 87 76. CITIZEN OF WHAT BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Talbot County WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE OF WORK MECTLY OF TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12h KIND OF BUSINESS The Memorial Hospitat at Easton Easton SUAL RESIDENCE LIFTH NURSIN COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 4 FATHER'S NAME MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCEST ADDRESS NO OR UNKNOWN) I HE YES, GIVE WAR OR DATEST BOY 11,3A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) TO MEDICAL EXPRESSION OF THE WORD "PENDING" IN THIS SECOND WAS A THE CARE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WEAR 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT FERMIT AFTER PEATH WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, # ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21s EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR AND MONTH DAY 3:54PM subject occupant of auto/auto collision CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET Rt. 404 & Sennett Rd., Caroline Co., Md. roadway 220 I certify that I took charge of the remains discribed above, held an Autopsy Inspection Inquiry and in my opinion tridenta X death resulted frath Notutal cause Homicide Undetermined monner ITLE (SPECIFY) ACTUAL 5/11/87 Assistant EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. (TYPE OR PRINT) **ADDRESS** 230. BURIAL, CREMATION, REMOVAL 236. DAT 23d LOCATION 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate than near the hospital or attending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

053538 MAY

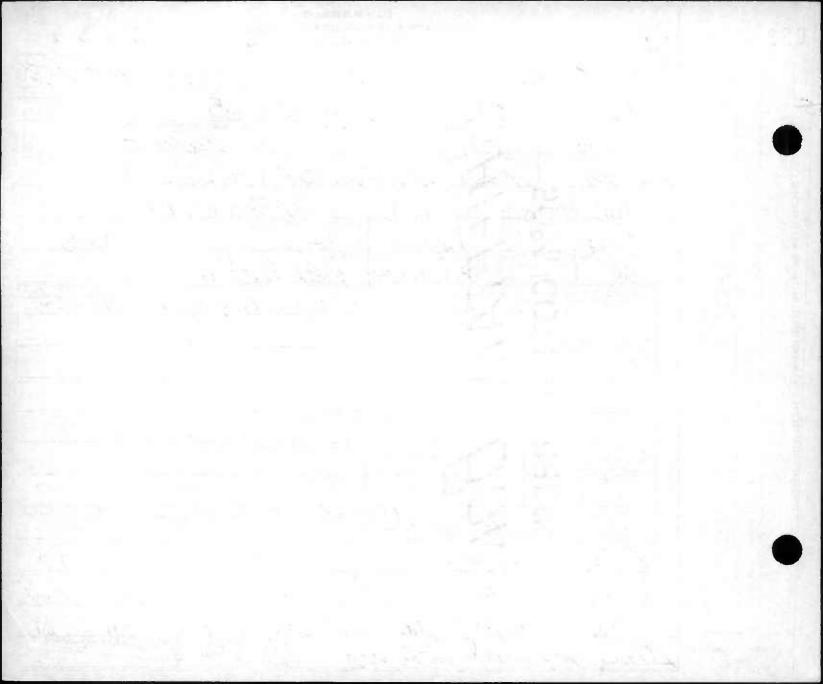
within 24 hours ofter death. Page 4

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

7	REG. NO.	5	S	
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S. DATE OF BIRTH S. DATE OF BIRTH S. DATE OF BIRTH DAY YER DAY OF COUNTY DAY OF	126 KIND OF BUSINES INDUSTRY 2/67 5pots
The citizen of what country? Amaried Never Married Neve	OF DEATH 17b. KIND OF BUSINES INDUSTRY 2/6/7
MARRIED MEVER MARRIED WIEVER MARRIED WIDOWED DWORCED WORK FOR MOST ON WORKING LIFE WALL DESTRICT WALL DESTRICT WALL DESTRICT WORK FOR MOST ON WORKING LIFE WALL DESTRICT W	126 KIND OF BUSINES INDUSTRY 2/679 5pots
15 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c). 18 CAUSE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY: 19 COUSE WAS A CONSEQUENCE OF DEATH WAS CAUSED BY:	2/679 5posts
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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 CAUSE OF DEATH IEnter only one cause per line for (a), (b), and (c.) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	Spots APPROXIMATE INTERV. BETIMEN CONSET AND DE
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Conditions, if any, which gove rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF	Munow [1
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART Ito
196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH' S NO
OR CONTRIBUTION C CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	ART I OR PART 2)
THE EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHIE AT WORK AT WORK AT WORK AT W	COUNTY STAT
270. I certify that (1) this hospital) attended the deceased from DE certify that (1) this hospital) attended the deceased from 19 . 7 , and that in fine our) opinion death occurred on the date and hour above (1) and (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	r and from the causes state
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	5/9/87
Ludwig J. EglsEden III MD RT3 BOX 106 Ditchmais LAN 230 BURIAL, CREMATION, REMOVAL 1236 DATE / 1234, NAME OF CEMETERY OR CREMATORY 1230 LOCATION	it taston r
- Runger Bland 5/3/87 Reports Central EASTON A FUNCTION OF PETER RECTOR BY REGISTER REGIST.	



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TO FOR

STATE OF MARYLAND

PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	8

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0,0
1. DECEASED NAME FIRST (TYPE OR PRINT) MAXIN	Maxine MDDLE Perry	BAKER BAKER	20. DATE OF DEATH MOVIN DA	1987 915
Female	White	September 10, 1907		FUNDER LYEAR IF UNDER 24 HRS ONTHS DATS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NORCED	P BALTIMORE CITY OR COUNTY OF	OF DEATH M
EASTON	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Wife	12b. KIND OF BUSINESS OF INDUSTRY Home
130 STATE 1136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)	1124 STREET ANDRESS / 7/12 CODE	

Maryland	Talbot	13t. CITY OR TOWN . Easton	134 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP CODE 1202 Mulberry Hill	21601
John	McFeely	Perry	15. MOTHER'S MAIDEN NA Grace	me E mily	Meakin
(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	215-26-5579	Frederick M.	ADDRESSR.D. 2, Baker, Denton, Md.	Box 24A 21629
18 CAUSE OF DEAT	TH (Enter only one cause per	line far (a), (b), and (c),)		Possile man 11/	APPROXIMATE INTERVA

18 CAUSE OF DEATH (Enter only on PART I, DEATH WAS CAUSED BY IMMEDIATE CA		ATHEROSILE TE	candiovascula-	Possilje Ni se	Mysen-dia	BETWE	EN ONSET AL	PERVAL ND DEATH
Conditions, if any, which	DUE TO, (b)_	OR AS A CONSEQUENCE OF						
gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO,	OR AS A CONSEQUENCE OF						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 140

Lophysima	, Right Lung CArcidoma (Brown	schosenic Large all Type)	
B DATE OF OPERATION	196 CONDITION FOR WENCH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS US	ED
11/ 10-	10:1-11	IN CERTIFYING CAUSES OF DE	ATH
4/22/87	Right Lung CANCINOMA	YES NO YES NO	
ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 216 HOW INJURY OCCUR	PED TENTED MATURE OF INDIRES IN UTEM 18 BART 1 OR BART 21	

HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN NOT WHILE 220 I certify that (this haspital) attended the deceased from

sow the deceased alive on 5/10 abave (17/we) (did (did nat) view the bady after death. and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS AT 3 Box 106 Dutch mans

23c. NAME OF CEMETERY OR CREMATORY

Burial May 13,1987 Barton Funeral Hor St. Peter's Cemetery

atory Queenstown, Q. A. Co.

250 DATE REC.D. BY REGISTRAN 250 REGISTRAN'S SIGNATURE

1007

Julia Burden Rec.

James H. Barton, Jr., Centreville, Md. 21617

CERTIFICATION

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR

BP

should be detach with the State De

IMPORTANT.

and Mental Hygiene prior or Hem 18

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		FOR					OF MARYL						
	1 -	STATE REGISTRAR			DEPARTA		ICATE OF	MENTAL HYG DEATH	B 7	REG. NO.	5	3 1	
1		CEASED NAME	FIRST		MIDDLE	t	AST		20. DATE OF	DEATH M	ONTH DA	Y YEAR	26 HOUR
1 0	0.01	MAR	U	C.	BRUM	nhai	10h			5-2) - 8'	7	6 20 AN
	3 SEX		1	4 RACE		S. DATE C			6. AGE (INY	EARS LAST BIRTH		UNDER TYEAR	IF UNDER 24 HRS
-1		emale				1890	96 YRS.						
		RTHPLACE (STATE OR FO	REIGN		WHAT COUNTRY?	MARRIE	NEVER	MARRIED -	9. BALTIMO	RE CITY OR	COUNTY	F DEATH	
	-	irginia		USA		WIDOWE		NORCED [Talbo	7		MD
570	10 CI	TY OR TOWN OF DEAT	Н		HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INS	NOITUTION		OCCUPATION FOR MOST OF V		126 KIND C	F BUSINESS OR
0	N	Easton		Mam	origi	4050	1491			sewife			ome
3	13a S	AL RESIDENCE (IF NURSIN	IG HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIAN ITS?	13e.STREET A	ADDRESS (ZIP CODE		
2	M	aryland	Caro		Greensl		YES X	NO 🗌		set A			21639
0		THER'S NAME		NOOLE	LAST		15. MOTHER	'S MAIDEN NA	WE	MIDDLE	60 1	174	
20		Addiso		A.	Christia	1	Mi	nnie		WIDDLE	Satte	erfield	
COL		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		ADDRES			
E	no (IF YES, GIVE WAR OR DATES) 214-32-6793 Barbara Langhoff Betheso									da, M	D		
		IS CAUSE OF DEATH	(Enter onl	y one couse per		dicu		1 1				BETWEEN	MATE INTERVAL
ven		PART I. DEATH WA		OBY: ECAUSE (o)	Small	Bo	wel	Obst	rruct	nos			
Ofic				DUE TO. O	R AS A CONSEQUE	NCE OF							
E .		Conditions, if ony,		((b)							100		
a la		gove rise to imme couse (o), stoting	the	DUE TO, OI	R AS A CONSEQUE	NCE OF						1	
101		underlying couse lost (c)											
ry, o	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IN PART 1	D		
	101	Cenal	करे।	ire, U	rmary 7	ract	Int	ection		100			
1	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDITION FOR WHICH OPERATION WA							WERE FINDING CAUSES		
1	RTIF			100					YES 🗌	NO	YES		NO 🗌
1		210. ACCIDENT WAS UNDE		21b. TIME O		Y YEAR	21c. HOW II	NJURY OCCURR	RED (ENTER NA	TURE OF INJURY	IN ITEM TO PAR	T I OR PART 7)	
1	CAL	(IF EITHER, NOTIFY MEDICA		P.,		19							
ō	MEDICAL	21d. INJURY OCCURRE	D	21e PLACE	OF INJURY	ARM FIC)	211 LOCATI		.ac = 1	CITY OR TOW	4	COUNTY	STATE
rke	2	AT WORK AT WORK	E .										
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171		sow the deceased	d olive on		ofter death.	, or	nd that in (my) (our) opinion o	deoth occurred	d on the date	e and hour o	and from the	couses stated
Hen		THE FIGN ATORE	/	1			DEGREE	4775410000				220 DATE	SIGNED
		Coll	M	m			MA	PHYSICIAN 5	DIRECTOR	STAFF PHYSICIA	N 🗆	15/	22/57
A		274 PHYSICIAN'S NA	WE WHE	PROVIDE			22e ADDRE			010	1		
2	1 1	KobL	-app	M			CHS	PO Bo-	X (52)	Golds	borol	Mdr 2	1639

DHMH - 16 60M 7/B4

John E. Boulais (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

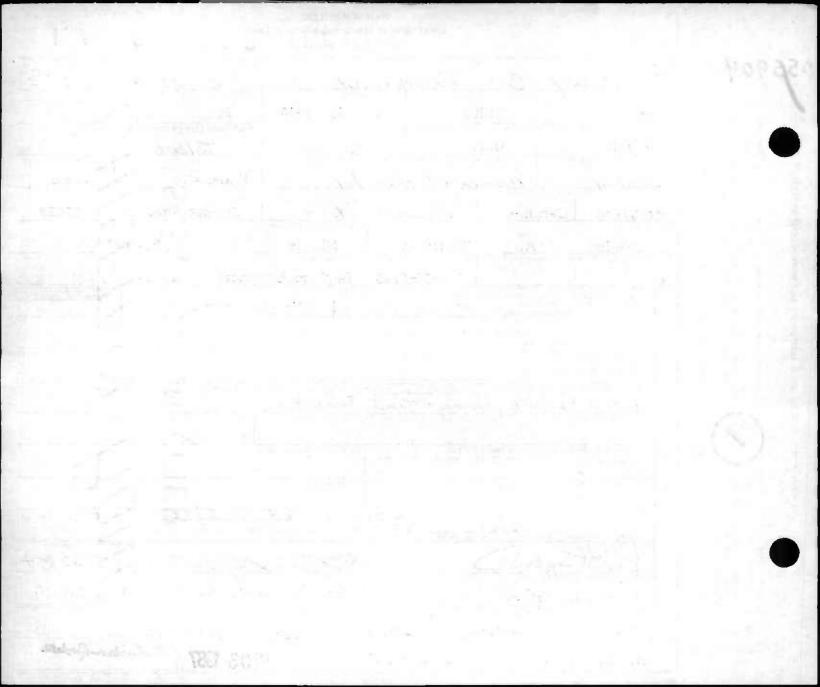
Burial

Greensboro, MD

5-26-87

Greensboro Cemetery CA MD Greensboro CA MU

BY REGISTRAR THE SEGISTRAR'S SIGNATURE AND THE S



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poge 3

as the burial-tronsit permit. Then please ren Ith and Mental Hygiene prior to burial, crem

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept of Health. IMPORTANT: If Hem 21 is

DHMH - 16 60M 7/84

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN The low

BP.

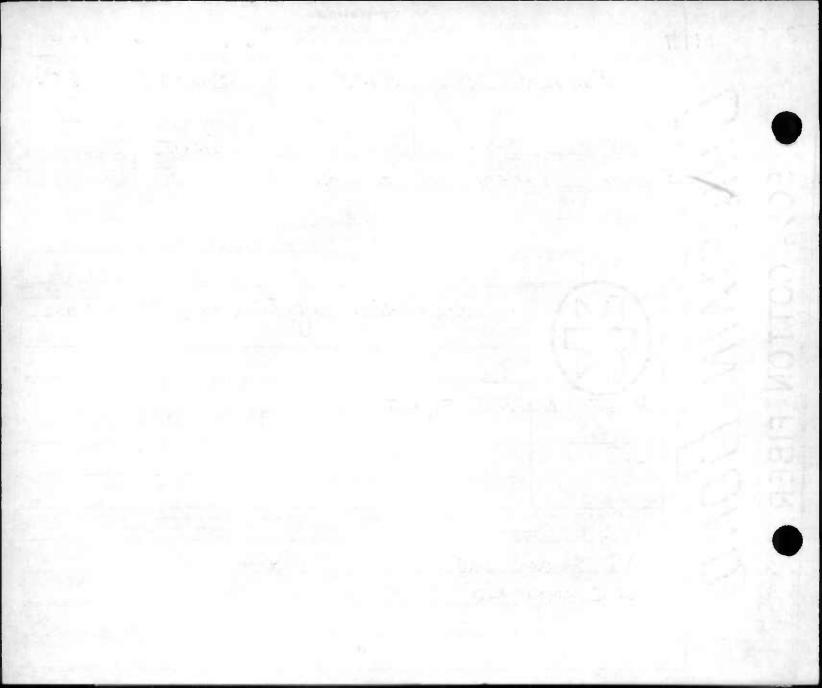
FOR

		STATE	OF	MARYLAND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

7	REG. NO.	1	S	ن	1	2

18	17	STATE REGISTRAR			DEFA	CERTIFICATE OF DEATH					4
		CEASED NAME	FIRST	٨	AIDDLE	1	AST	20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
	,,,,,	E10	aNO	R	C.	Bo	urd	5-11	-87		6 4 A
	3 SEX			4 RACE	X11/18	5. DATE C		6 AGE (IN YEARS LAST BIR	(HDAY)	FUNDER LYFAR	IF UNDER 24 HRS
7	F	emale		Whit	White "		$\overset{\circ}{04}\overset{\circ}{13}$	73	YRS	DATAS	HOURS MIN.
21		RTHPLACE (STATE OR F	OREIGH	L CITIZEN OF	WHAT COUNTR	RY? 8	D X NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
7	IV.	laryland	635	U.S.	Α.	WIDOWE		10/1	of		M
7		TY OR TOWN OF DEA	TH.			SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT			BUSINESSOR
4	E	aston	/	Men	PORIO	REET ADDRESS)	spital	Owner/Oper			g Home
20	MSUA 130 S	L RESIDENCE (IF NURS			GIVE RESIDENCE BE						
5		laryland	Caro		Ridgel		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 12 Marylan		ue 216	60
	_	THER'S NAME					15 MOTHER'S MAIDEN NA		d mil cm	40 210	00
0/	1	Harmon		AIDDLE	Calla	han	Mary	Cather	ino	Becl	kor
7	16n V	AS DECEASED EVER		AED FORCES?	16b SOCIAL SE		17 INFORMANT	ADDR		Deci	KCI
1	The second second	ES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	145-16	5.5015	William R Bu	nd 12 Manula	nd Avo	Ridgoli	MD
	nc						William R Du	I U I Z Mai yia	IIU Ave		
		18 CAUSE OF DEAT PART I. DEATH W	H (Enter onl (AS CAUSED	y one couse per BY:	line for (o), (b).	ond ic	- 0 1 /mil	1	06	-	NATE INTERVAL
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		Conditions, if any, gave rise to imm		(b)_							
			g the	DUE TO, OF	R AS A CONSE	QUENCE OF					
				(c)							
	z	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	NTRIBUTING 1	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
	CERTIFICATION	o Dicastes hel			es the	NO 11		T	Ton music		
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	RTIF							YES NO	YES		NO 🗌
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7		228 1 certify that (I)	(this hospit	al) ottended the	deceosed fro	m	. 19	, to		91	hat (I) (we) los
		saw the decease above, (1) (we) (c	ed alive on.	Lugar the hady	niter donth	9 or	nd that in (my) (our) opinion	deoth accurred on the d	ate and hour	and from the c	ouses stated
		72h SIGNACUSE	A A A A A A A A A A A A A A A A A A A	r view me body	orier death.		DEGREE			22c DATE S	IGNED
		XOC	34.N	10 1	11		ATTENDING PHYSICIAN	MEDICAL STA	FF	1.00	
7		PHYSICIAN'S N	AME TYPE OF	PRINT)	9		22e ADDRESS	DIRECTOR ED TITISK			
II		1.D. B.	AHIC	N) A	D		Dutchman's I	ane Easton.	Maryla	nd	
#	220 B	URIAL, CREMATION,		23b. DATE	12	3. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	mar yra	ii d	
	P	SPECIFY) Urial	MEMOVAL	5/14			ton Cemetery	CITY OR TOWN	n 11/1	COUNTY	STATE
	-	INERAL DIRECTOR		0/1-	1,01	Tar bour		Harbourto			NJ
4		NAME	onol II	omo T	ADDRES	Marylan		15 1987	Je de Consta	and slog-A10	TINE
	TAG	ewnam Fune	Erai H	ome i	aston, I	warytan	u liiiiii				



			FOR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	IENE	
5001		1-	STATE REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO. 5	5/5
oy be oge 3 death			CEASED NAME FIRST LERO	Y MIDDLE C	ANNON	20 DATE OF DEATH MONTH DA 5-22	-87 760PM
4 moy b		3. SE)		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF	FUNDER LYEAR IF UNDER 24 HRS
ecto	-	1	Male	Negro	Sept. 14, 1915		
deoth. P	25	F	ederalsburg,	Md. U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY OF TALBOT	MD.
rs ofter by the f filed wit	8	E	EASTON /	11. NAME OF HOSPITAL, NURSING (IF NOT INSICHEACHITY GIVE STREET)	AL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Farmer	126 KIND OF BUSINESS OR INDUSTRY Farming
The said be	3	13a S	AL RESIDENCE (IF NURSING HOLE OR. TATE 131 COUN CAPO	TY I 13c CITY OR TOWN		13e STREET ADDRESS / ZIP CODE 320 Brooklyn	9/632 Avenue
ed sono	Sex of	14. FA	THER'S NAME FIRST Frank Dixo	MIDDLE LAST	15 MOTHER'S MAIDEN NAMED FREST Elsie Ca	ME MIDDLE	LAST
ond co	edicol		VAS DECEASED EVER IN U.S. AR/	WAR OR DATES!		ADDRESS Fede:	ralsburg,
be e	E C		res, no or unknown) (# yes, give		8218 Ida Mae Bo	lden, Brooklyn	Ave., Md.
ficote	ent, M			y ane cause per line far (a), (b), and BY:	LATIC CANCE	1	BETWEEN ONSET AND DEATH
ding p	or ren		IMMEDIAT	E CAUSE (a)			
deoth ottend	non, o		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF		
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equires t signed Then ple	to burio injury, or	NO	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	N IN PART 11a
a	ene prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
ons	Mentol Hygir		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	TIORPART 2)
G PHYS offending er this c	ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN	of Heolth 21 is mor			ol) ottended the deceased from	7, and that in my lour) opinion	to 5/22 16 death occurred on the date and have	9, that (1) (we) last and from the causes stated
OR AT he hosp DIRECT piched f	Dept o		abave (T)Xwe) (did) (did na)	view the bardy after death.	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
PITAL DY 15 ERAL	To San		ZZ PHYSICIAN'S NAME (1991 O)	Trepin)	PHYSICIAN (DUTCH MAN	13/23/87
Property of Payor	WPORT		L.J. Egilse	VER III MD		106 ENSTON	md 2/60/
200	1	23e. B	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		24 FL	Burial UNERAL DIRECTOR	May 28,1987	Bethel Cemetery 25a. DAT	Nr. Federals	ourg Md
DHMH - 16 60 (VRA 15,		1	Rompton-Howk	WS 34 N. Man St. 9.	1 111	V03 1987	Jacob - Marie S

Padaralsearq, MS. 0.5.A. troppo viela the aleva mysteomica act and are also in the

meral director, page 3 in 72 hours after death

STATE OF MARYLAND

DEPARTMENT	OF	HE/	ALTH	AND	MENTAL	HYGIEI
CE	RTI	FIC	ATE	OF	DEATH	

8	REG. I	١٥.	1	5	3	1	
TE OF	DEATH	MONTH	DAY	YEA	R 2	- HOU	R

	1	FOR		DEP	ARTMENT OF H	EALTH AND MENTAL HYGI	ENE		
9	7	, STATE REGISTRAR			CERTIF	CATE OF DEATH	O REG. NO	. 15	3 / 4
617		EASED NAME FIRST	,	AIDDLE	U	AST (20 DATE OF DEATH	MONTH DAY Y	EAR 26 HOUR
П	(TYPE	OR PRINT	4 M	ae	Ch	octor	MA	21 1519	87 400
	3. SEX	(4. RACE	ac	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT	HIAY) IF UNDER	I YEAR IF UNDER 24 HRS
	F	emale	Ne	gro	10	16 32	54	MONTHS	DAYS HOURS MIN.
	7n BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF		TRY? 8.		9 BALTIMORE CITY O	R COUNTY OF DEA	(TH
4		OUNTRY)		SA	MARRIE	NEVER MARRIED	Ta	That	
	100	aryland			WIDOWE		120 USUAL OCCUPATION	ON 126 K	IND OF BUSINESS OR
X	Z	= n- L-ni		ACILITY, GIVE		formital	housewif	WORKING LIFE) INDU	home
4	TISHA	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	USA)ITHLI	Housewit	<u>e</u> .	Home
4	13a. S	TATE NA CO	UNTY	13c CITY OR	TOWN	* "	13e.STREET ADDRESS		21620
4	-	aryland Car	roline	Gree	ensboro	YES X NO	Sunset Av	ve.	21639
1	7	FIRST	MIDDLE	LAS		FIRST	WIDDLE	141 = .	LAST
4	14 14	Raymond VAS DECEASED EVER IN U.S. A	Henry		ray, Jr.	Mildred 17 INFORMANT	ADDRE		ner
7	IV	(# YES.	GIVE WAR OR DATES)						. MD
	n	0		215-3	8-0862	Yvette D. Ch	ester	Greensbo	PO, IVID
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)	r as a cons	SEQUENCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN P.	ART Ito
1	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR W	HICH OPERATION	N WAS PERFORMED	200 AUTOP5Y? YES NO	20h IF YES, WERE IN CERTIFYING CA YES [FINDINGS USED AUSES OF DEATH?
		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A.		H DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM IS PART I OR P	ART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REE1, FACTORY, O	OFFICE, EARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COU	NTY STATE
		220.1 certify that (1) (this ha	spital) attended th	e deceased f		. 19	ta	. 19	, that (1) (we) last
		saw the deceased alive above, (1) (we) (did) (did 22b. SIGN ATURE		after death		DEGREE ATTENDING	eath occurred on the do	226	DATE SIGNED
-		22d PHYSICIAN'S NAME (TYP	E OR PRINT)	els	M	PHYSICIAN 2226 ADDRESS	DIRECTOR PHYSIC		3/11/()
	23o. B	BURIAL, CREMATION, REMOV.	AL 23b. DATE		23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	5-18-	87		Cemetery	Greensbo	ro C	
	24. FI	INFRAL DIRECTOR	1 - 10		Joners		REC'D. BY REGISTRAR		

DHMH - 16 60M 7/84

BP.

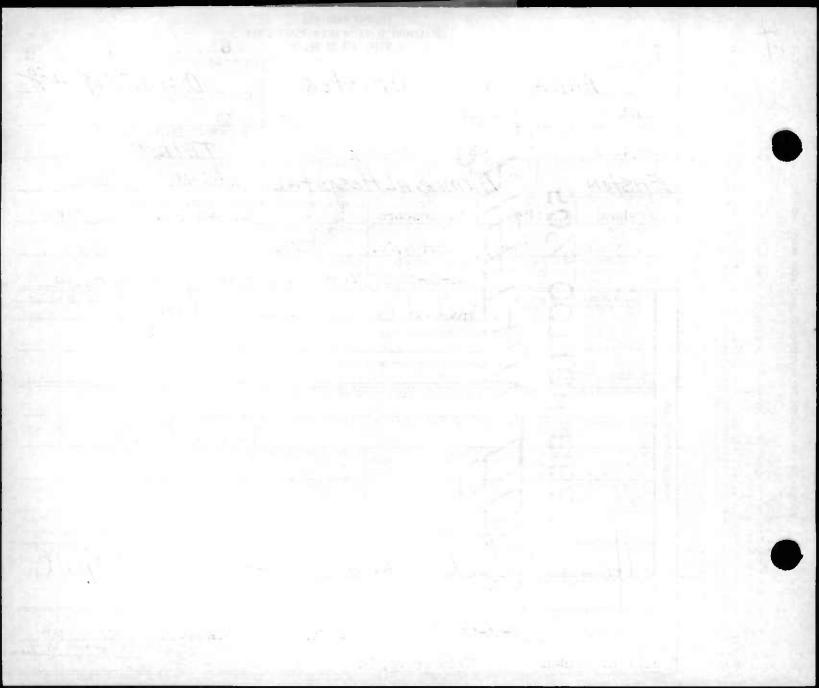
TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, or

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

John E. Boulais (VRA 15, 4)

Greensboro, MD

MAY 1 8 1987 Julia Dendon Rondons



-1	FOR	DEDARTE	STATE OF MARYLAND	PIFAIF	
1	- STATE REGISTRAR	DEPARTN	CERTIFICATE OF DEATH	REG NO.	5 3 / 3
	ECEASED NAME FIRST V	Walter Scott	Clough, Sr	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3. 5	EX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HAS
	Male	White	Jan. 21, 1915	72 YRS	MONTHS BATS HOURS MIN
2/10.	BIRTHPLACE (SLATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
0	Maryland	U.S.A.	WIDOWED DIVORCED	Talbot	٨
8	EQStor	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / MCMORIO	G HOME OR OTHER INSTITUTION ADDRESS! HOSPI +a/	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF Correctional C	126 KIND OF BUSINESS C INDUSTRY Officer
130	STATE HIST COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN Centrevi	N 13d INSIDE CITY LIMITS?	Rt. 1 Box 914	
The second second	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
14	Edward Scott WAS DECEASED EVER IN U.S. AR		Elizabet	h Leager ADDRESS	
7 /	(YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)			
4	No	217–36–1		Clough same a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE		Reart diseas	uncert
z		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	EN IN BAR LIO
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES	S, WERE FINDINGS USED YING CAUSES OF DEATH?
/ -	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		Y YEAR 19	RED (ENTER NATURE OF INJURY IN ILEM 18 P	PART OR PART 2]
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the decreased alive an above, (1) (we) did (did no	tal) ottended the deceased fram 5-12 19 1	, and that in my (our) apınıan	death occurred an the date and hou	
T		W. Trever.		MEDICAL STAFF DIRECTOR PHYSICIAN	5-12-87
	Robert W. T		Box 256	RD3 East	on, Md. 2161
23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	JAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	Burial	05-15-87 Ch	urch Hill Cemetery	Church Hill	Q.A. MD
B4 24	FUNERAL DIRECTOR Helfenbein Fune	ral Home R+/B	ox 66 B Chester, M	TERECID. BY REGISTRAR 256 REGIST	rar's signature

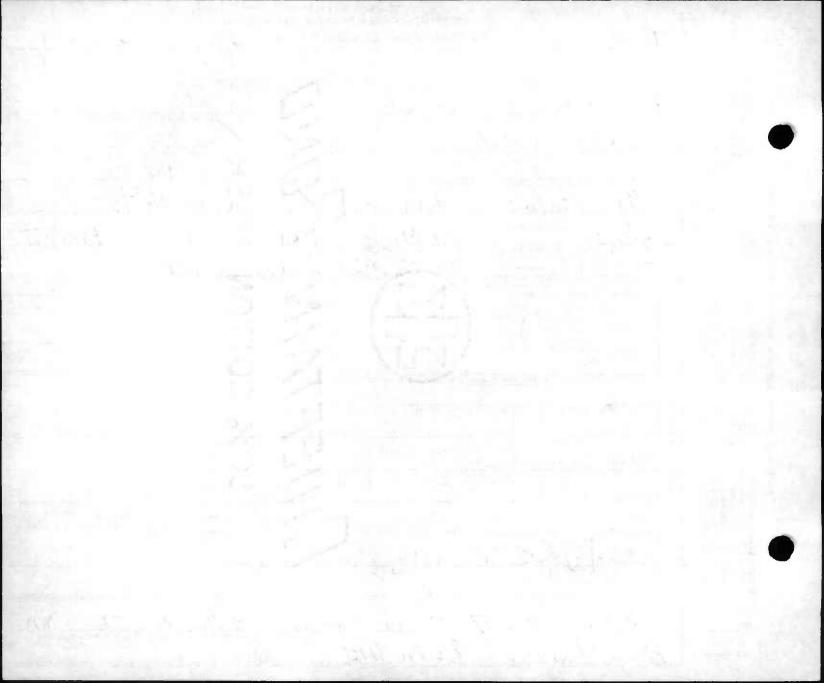
ABSSCAL INC. Makes more more death, or. 1984 Jan. 27, 1915 72 A STATE OF THE PARTY OF THE PAR The state of the s Street at their flaming and restrict a little -717 Company of the compan

	= S1	OR TATE EGISTRAR		DEFARI		EALTH AND MENTAL HYG CATE OF DEATH	8 /EG.	10	5 3	1 8
		SED NAME FIRST	Irene	MIDDLE Jean	tte "	ST Cole	20 DATE OF DEATH		DAY YEAR	26 HOUR_
971	YPE OR F	TR	ene	o can c	(12-6	5-3	4	2 87	847
3	SEX		4 RACE		S DATE O	F BIRTH	6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER . 4 P
	. [-emale	WA	ITE.	MONTH 10	24 10	7.	/	MONTHS DAYS	HOURS M
70.		PLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
hou	COUR	Maryland	U.S	Δ	WIDOWEL	NEVER MARRIED DIVORCED	TA	LAT		
10	CITY	OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O	ROTHER INSTITUTION	12e USUAL OCCUPA			F BUSINESS
X	1	FOSTAN /	1 4	CH FACILITY, GIVE STREET	ADDRESS)	enital.	Homema		E) INDUSTRY	
500:	UALR	ESIDENCE (IF NURS HO HOW! OF	MEN OTHER INSTITUTION			SPITAD				
100	Max.		•A•	Centre		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 218 N. C			216
		ER'S NAME	, e.M. e	Centere	1116	15 MOTHER'S MAIDEN NA		Onmerc	6 50.	210
111		William Thoma	MIDDLE Taxand	LAST		FIRST	MIDDLE		LAS	1
160	was	DECEASED EVER IN U.S. AR		166 SOCIAL SECT	IRITY NO	17 INFORMANT	e Marshall	RESSCan+	reville	MD :
1	_ (YES I		E WAR OR DATES)	215-26-2		Irene R. Sewa				
=	_			-		Trene V. Dewa	ra, box 15	2-1, W		MATE INTERVAL
	16	PART I. DEATH WAS CAUSE	D BY			i - h	-1		BETWEEN	ONSET AND DEA
	-	IMMEDIA	E CAUSE (a)	Intra	Ventr	who were	maje			_
			5115 YO O							
			DUE 10, O	R AS A CONSEOU	ENCE OF					
		onditions, if any, which	(b)_	R AS A CONSEOU	ENCE OF					
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	0	ove rise to immediate ouse (a), stating the nderlying cause last.	DUE TO, O	r as a Conseou	ENCE OF					
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NOITA	9 0 0	ove rise to immediate ouse (a), stating the nderlying cause last.	DUE TO, O	r as a Conseou Ontributing to	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR COL	20b. IF YES	, WERE FINDIN	NGS USED
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	9 CC U U U U U U U U U U U U U U U U U U	DATE OF OPERATION DATE OF OPERATION ACCIDENT WAS UNDERLYING R CONTRIBUTING AUSS OF DE- LIFETIMER NOTIFY MEDICAL EXAMINED MINJURY OCCURRED MINJURY OCCURRED ALL WORK ALL WORK LIFETIMER AND THE STATE AND THE	DUE TO, O 10) 19b COND	R AS A CONSEOU DITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REEL, FACTORY OFFICE 19	DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCUR! 211 LOCATION 518EE1 19 d that in (Ay) (our) opinion	200 AUTOPSY? YES NO CITY OF INJ CITY OF T	20b IF YES IN CERTIF YES OWN	COUNTY	NGS USED OF DEATH NO
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MeDica Medica	9 cc	DATE OF OPERATION ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA ACCIDENT WAS UNDERLYING CAUSE OF DEA ACCIDENT WAS UNDERLYING CONTRIBUTING ACCIDENT WAS UNDERLYING CONTRIBUTING ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING	DUE TO, O TC) 19b COND	ONTRIBUTING TO ITION FOR WHICH OF INJURY M. MONTH D M. OF INJURY REET, FACTORY OFFICE The deceased Trom 19 Ofter death	DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURION 211 LOCATION STREET 19 d that in (A) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS PC BIX 2/6 U.6	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN) CITY OR T TO Debut Call ST. DIRECTOR PHYS	20b IF YES IN CERTIFYE. URY IN 11EM 18 P OWN AFF	COUNTY 19 22c DATE	STAIL THAT COUSES STORED
T WEDICAN	9 cc	INTERPOLIE NOTIFICATION DATE OF OPERATION DATE OF OPERATION D. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINED M. MORY D. ACCIDENT WAS UNDERLYING R. CONTRIBUTING CAUSE OF DE- LIFE EITHER NOTIFY MEDICAL EXAMINED M. MORY D. L. CETIFY THAT (1) (this hosp obove at 1) (we) (did) (did oc	DUE TO, O DUE TO, O 1c) 19b COND 19b COND	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REEL FACTORY OFFICE The deceased from the deceased	DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (Ay) (our) opinion PHYSICIAN 22e ADDRESS PG BY 2/6 QC METERY OR CREMATORY	200 AUTOPSY? YES NO CITY OR TO MEDICAL ST. MEDICAL ST. DIRECTOR PHYS 23d LOCATION CITY OR TOWN	20b IF YES IN CERTIFYE. URY IN 11EM 18 P OWN AFF CIAN	COUNTY 19 22c DATE	STAI
T Z3	9 9 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DATE OF OPERATION DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- LIFE ETHER NOTIFY MEDICAL EXAMINES ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE- LIFE ETHER NOTIFY MEDICAL EXAMINES ALL WORK LIFE CONTRIBUTION LIFE CONTRIBUTION CONTRIBUTION LIFE CONTRIBUTION LIFE CONTRIBUTION ALL WORK LIFE CONTRIBUTION LIFE CONTRIBUTION CONTRIBUTION CONTRIBUTION LIFE	DUE TO, O TC) 19b COND	R AS A CONSEQUENT OF INJURY M. MONTH D M. OF INJURY REEL FACTORY OFFICE The deceased from the deceased	DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	216 HOW INJURY OCCURION 211 LOCATION STREET 19 d that in (A) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS PC BIX 2/6 U.6	200 AUTOPSY? YES NO CITY OR TO MEDICAL ST. MEDICAL ST. DIRECTOR PHYS 23d LOCATION CITY OR TOWN	20b IF YES IN CERTIFYE. URY IN 17EM 18 P OWN AFF ICIAN	COUNTY 19 22 DATE	the 11 (we couses story

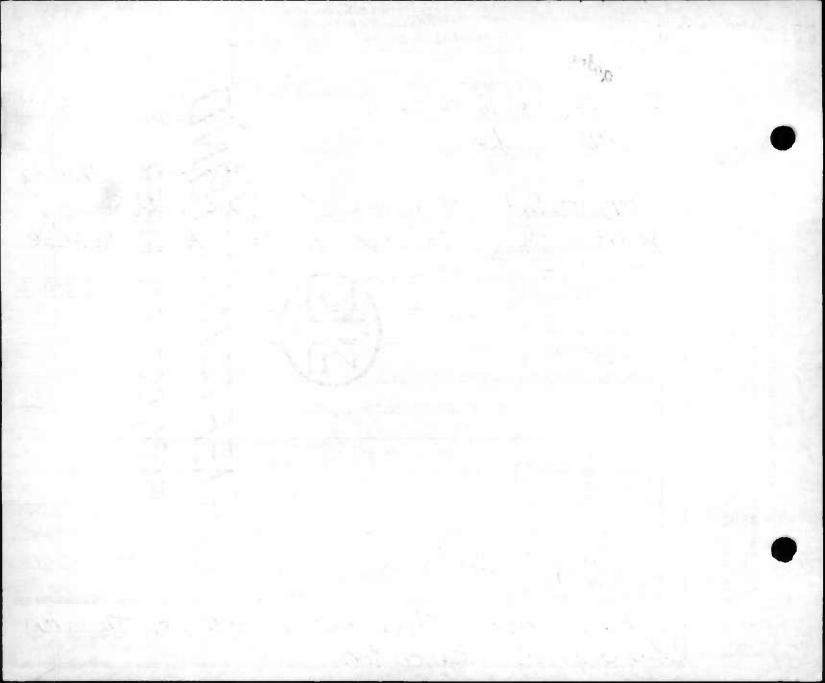
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME LTYPE OR PRINTS OF ESTI-FUNERAL DIRECTOR
5 FOR YOUR FILES.
WITHIN 72 HOURS
WERSTON STREET, 187 Collier DEATH MATED 5-29 Augusta A. 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 9:39P PRONOUNCED DEAD 1087 YRS 7a. BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Talbot County WIDOWED ID CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! } OR INDUSTRY Easton Memorial Hospital Easton 134 INSIDE CAY LIMITS? 13e STREET 130 STATE 1/A 14 FATHER'S NAME 8. GIVE PAGES 1, WITH FORMEM II. PAGES 1 AND DIVISION OF WITH MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL DED TO THE CHIEF MEDICAL EXAMINER ALONG WIS SHOULD BE USED AS A BURIAL-TRANSIT PERMIT DEPARTMENT OF HEATH AND MENTAL HYGENE, DIRJOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wound of Chest DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING KOR HOUR A.M. MONTH DAY 5-29 1087 CONTRIBUTING CAUSE OF DEATH 8:25 MPM Subject Shot TO MEDICAL EXAMINER: THIS CERTIF EXECUTE THE CERTIFICATE, WRITING I PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPAR BAITTMORE, MARYLAND, 21201 PRIO 21d INJURY OCCURRED 21e PLACE OF INJURY III LOCATION STREET, FACTORY, FARM, ETC) 213 St. Michaels Court, St. Michaels, Talbot WHILE NOT WHILE Home County, MD 220. I certify that I taak charge of the remains described above, held on Inspection death resulted from Hamicide Y Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 5-31-87 Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD 21201 Korell, M.D. Margarita (TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETER 23d LOCATION 07 84 25M DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 5 6 6 9 6 JUN 10 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-Collier Bonnie 1087 R FILES. HOURS STREET, DEATH MATED SEX & AGE (IN YEARS | IF UNDER 1 YR. 5 DATE OF BIRTH IF UNDER 24 HRS HOUR :38P 2c DATE LAST BIRTHDAY) PRONOUNCED 5-29 ,87 DEAD To BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Talbot County DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Easton Memorial Hospital FOR MOST OF WORKING LIFE Easton ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13e. STATE 13d. INSIDE CARY CHAITS? 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! DIVISI 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE FURRED AS A BURIAL-TRINER ALONG WATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, DISHARDORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (0) Gunshot wounds to the chest DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING WOR 8:25 PM 5-29 Subject shot CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.1 St. Michaels Court, St. Michaels, Talbott home Co. X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Hamicide X Suicide death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 5-31-87 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD 21201 Korell, M.D. Margarita (TYPE OR PRINT) FIN BURIAL CREMATION REMOVAL BP 07/84 FUNERAL DIRECTO STRAR LIGHATURE **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13	2
0	- /
-	RE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR G. NO 2a DATE OF DEATH MONTH 26 HOUR DECEASED NAME TYPE OR PRINT deoth M IF UNDER 24 HRS. LIN YEARS LAST BIRTHDAY! 3 SEX TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130 STATE IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE ALC: DU ARMED FORCEST puo BETWEEN CROST AND DRAIN 18 CAUSE OF DEATH :Enter only one couse per line for PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE IN Conditions, if any, which gave rise to immediate couse iat storing the DUE TO, OR AS A COMMEQUENCE OF underlying cours last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lia CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [fronsit if Hygie 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntoi 0 LIF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) morked WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1 and) (did not) yiew the body ofter and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

228. PHYSICIAN'S NAME (TYPE OR PRINT)

Edmond

J. Fitz Gokald

23c NAME OF CEMETERY OR CREMATORY

77e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

05-14-87

250 D'AJE REC'D. BY REGISTRAR 256 REGISTRAR'S

505 Dutchman's Lane Edsta MD 21001

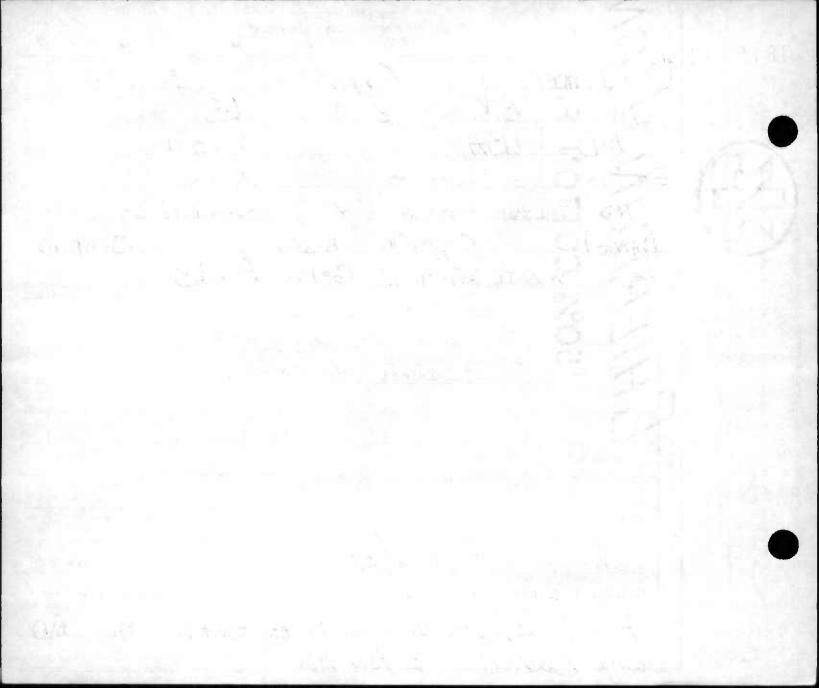
DHMH - 16 60M 7/84

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Shou

(VRA 15, 4)



FOR

REGISTRAR DECEASED NAME TYPE ON PRINCI

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEAT

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H	O / REG. Nu	1 3	Ų (3 0
	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
		4 12	87	9 PM
	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	# UNDER 74 HRS
1918	68	YRS	VIHS DAYS	HOURS MIN
	9 BALTIMORE CITY O	R COUNTY OF	PDEATH	
ED 🗆	Talba	+ Cou	xtr	MD
ION	17a USUAL OCCUPATIO	DN I		
	(TYPE OF WORK FOR MOST OF	WORKING LIFE		F BUSINESS OR
	Housewi	re		moker
MITS?	13 STREET ADDRESS	ZIP CODE	ea. In	a,
	Federal III	Anok	Apt.	21632
DENNA	VIE .		_	
en	WIDDIE	,	Dou	mes
	ADDRE	SS		
. Doe	enton Fed	. md	, 216	
			BETWEEN	MATE INTERVAL
dia	lingar	tion	31	ays
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oti	i Reart		Un	contain
	disea	40		
	0-0-0-0-0	/e_sc		
HE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART I I	
	200 AUTOPSY?	706. IF YES, W		
	YES NO	YES [NO [
	-	_		

ellie 4. RACE DATE OF BIRTH COUNTRY MARRIED WIDOWED =aston YES X 15 MOTHER'S MA IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Trone 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 710. ACCIDENT WAS UNDERLYING 716. TIME OF INJURY TIE HOW INJURY OCCURRED (ENTER NATURE OF INJUR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC. 714 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 4-12 220.1 certify that (1) (this haspital) attended the deceased from saw the decased olive an 4-12 above, (1) (w) (flid) (did not) view the body after death and that in (my) (aur) apinian death occurred an the date and have and from the causes stated DEGREE MEDICAL STAFF ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS Robert W. Trever, M.D. Easton, Md. 2160 Box 297

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE 16-8-Ouria 24 FUNERAL DIRECTOR

73c NAME OF CEMETERY OR CREMATORY

Dorchester

STATE

Williamson Funeral Home Federalsburg,

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

771 DATE SIGNED

4-13-87

A Company of the second of the

0 5	3 (332		18	FOR STATE RESISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	PEG. NO.	1 5 3	8 1
					EASED NAME	FIRST		MIDDLE	I	AST	20 DATE OF D		DAY YEAR	26 HOUR
	o_ o_	ge 3		TITPE	OR PRINT)	elen	L	ouis	Durk	am	Ma	14,19	987	
	(OE	p d		3 SE)		1000	4 RACE		S. DATE C		6 AGE (IN YEAR	S LAST BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HE
	9 9	ector rs of			Female		White		Ma	26,1898	88	YR	MONTHS DAYS	HOURS ME
) #	on on	35	C	RITHPLACE (STATE OR I OUNTRY) Idley, Mc		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED		city or coun		
102	Hand I	211	Conflood	10 CI	ry or town of DEA		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	House	CUPATION VOTE WORKING		of BUSINESS C ehold
AND 213	n. 74 hou	Aged in	5	Mc		13h Tal		Easton		13d INSIDE CITY LIMITS? YES NO 🛣		oress/zip conights	Bridge	160/ Rd.
MARYL	the part	(134	BY)		THER'S NAME Burton		MIDDLE	ewis		Nannie		AIDDLE	Hardes	tу
IMORE,	De KRECO	Poper	1		AS DECEASED EVER ES. NO OR UNKNOWN) NO	IN U.S. AR.	MED FORCES? E WAR OR DATES)	219-54-		Earlen D.B	uxton	# 13		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21	at the death certificate	by the offending physicalse remove carbon popellist.	other traumatic event, thi		18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gave rise to imm couse 101, statiff underlying couse	MAS CAUSE IMMEDIAT which mediate ig the	D BY: DE CAUSE (a) DUE TO, O	/ 1.	ENCE OF	rutory and	at		APPROX. BETWEEN	MATE INTERVAL ONSET AND DEAT
AL RECORDS, 201	The low requires th	e hos been signed sit permit. Then plea	hows ony injury, or	CERTIFICATION	Ronal	TION	liere 196 COND	AS CO	10	NOT RELATED TO THE TERM ? 4/6 Parha N WAS PERFORMED	200 AUTOPS YES \ N	Y2 ZOB. IF IN CER	YES, WERE FINDIN TIFYING CAUSES YES []	NGS USED
VISION OF VIT	G PHYSICIAN:	er this certification the buriof-trans	ked or Hem 18 s	MEDICAL CE	210. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL STATE OF THE AT WORK AT WORK AT WORK AT WORK	CAUSE OF DEA	P. 21e. PLACE	M. MONTH DA	19	216 HOW INJURY OCCURE 211 LOCATION STREET		E OF INJURY IN ITEM	8 PART 1 OR PART 2} COUNTY	STATE
٥	ATTENDIN	for use of Health	21 із то		22a I certify that (1) saw the decease	(this hospi		19_			, tadeath occurred o	n the date and h		that (I) (we) lo

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF
DIRECTOR | PHYSICIAN |

220 DATE SIGNED

22e ADDRESS

Commercie

230. BURIAL, CREMATION, REMOVAL BUrial

5-16-87

Glen Haven

CITY OR TOWN
Glen Burnie A.A.

Md.

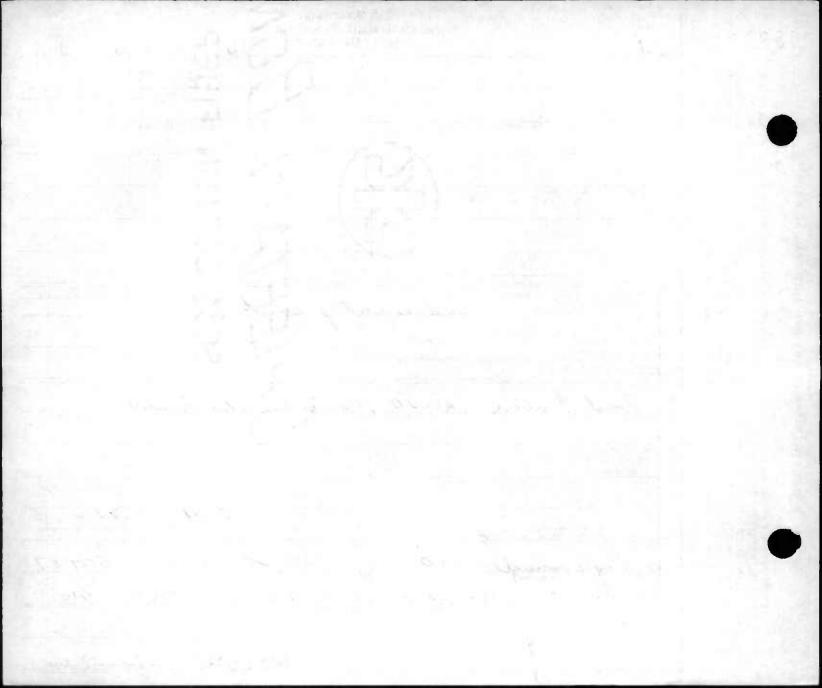
24 FUNERAL DIRECTOR

T.A.Hardesty

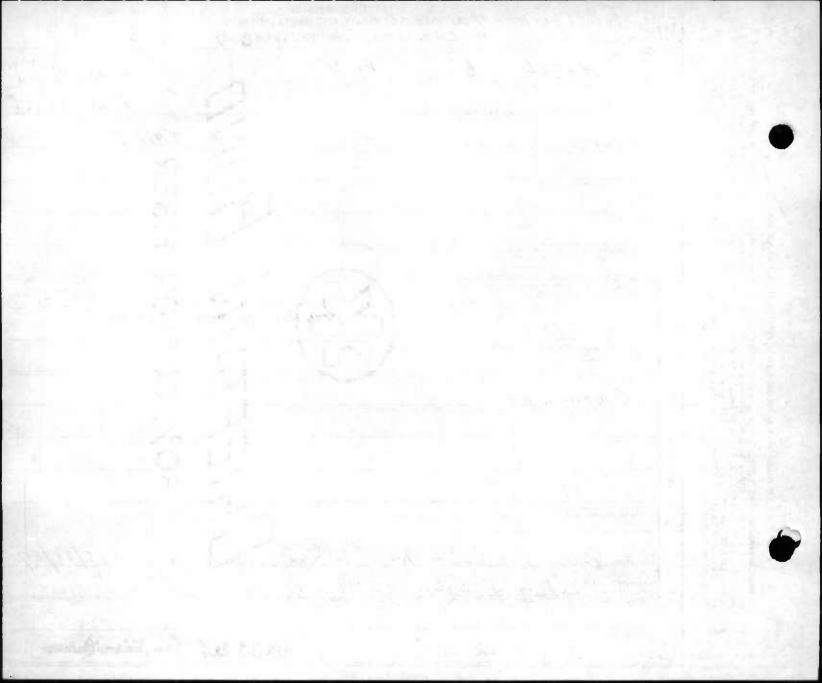
Annapolis, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT; If them 21 is morked or should be detached for use as with the State Dept. of Health TO FUNERAL DIRECTOR:



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3.3	J U JUK **	1. DEC	CEASED NAME	FIRST	MED MED	MIDDLE MIDDLE	Du.	RTIFICATE	20 DATE KN	STI-	DAY YEAR	Philipping N
	ECESSARY, PIEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	3 SEX		AZEL	DATE OF BIRTH	GERVAN 6. AGE (IN YEAR LAST BIRTHDA		R 1 YR. IF UNDER	DEATH M	MONTH	28 19 87 DAY YEAR	M. HOUR
	RALDIR R YOUR HIN 72 ESTON	70 BI	EVALE C	AUC.	JAN. 12	,1906 81 YE	RS.	X NEVER MARR	DEAD	RECITY OR COUP	28 1987 NTY OF DEATH	12A
	N N N N N N N N N N N N N N N N N N N		MARYLAND TY OR TOWN OF DE	ATH I		PITAL, NURSING HOME	WIDOWED	☐ DIVORC	ED DIZO USUAL OCCUPAT		126 KIND OF BU	
1	DELAY N PAG N PAG		EASTON	IRSING HOME OR	MEWORIAL	HOSPITAL RESIDENCE BEFORE ADMISSION	ON)	110000	HOUSEWIE		HOVE	Υ.
1	AND		RYLAND	136. COUNTY TALE		NEAVITT	13d	L INSIDE CITY LIMITS?	STREET ADDRESS	21652		
NE. MD	OC GENERAL		THER'S NAME FIRST			OPKINS			ILLIAN PALA	ÆR	LAST	
ALTIMO	AFTER INF PARTIES IN FORM	16e W	AS DECEASED EVER	IN U.S. ARME		214-30-456		ROBERT C.	DYOIT NEAV	ADDRESS VITT, MAF	RYLAND 21	652
201 W. PRESTON ST.,	UTED WITHIN 24 HOUR IN PENCY, IN TEM 18. EXAMINER ALONG W INA. TRANSIT PERMIT OM, OR REMOVAL.		PART I DEATH W Conditions, if gove rise to couse (o) stating lying couse lost.	/AS CAUSED I IMMEDIATE ony, which immediate of the under-	CAUSE (o) DUE TO, OR	for (0), (b), and (c).) THE OSCIETO AS A CONSEQUENCE O	OF P	ardio VA.		LASE INFARETA	APPROXIMATE BETWEEN ONSET	AND DEATH
TAL RECORDS.	HIEF MEDICAL WEED AS WELL CREATH AND CALL CREA	CERTIFICATION	PARE 2 OTHER SIGNIFICAN	hy SEI	n4	UT NOT RELATED TO THE TERMI			RT 1 a		20 AUTOPSY?	
ONOFVI	THE WOOD THE COULD BE STAKENT OF BUILD BE STAKENT OF BUILD BE STAKENT OF BUILD BE STAKENT OF BUILD BUI		210 EXTERNAL CAU UNDERLYING CONTRIBUTING		21b. TIME OF HOUR A.M. ATH P.M.	INJURY MONTH DAY YEAR	21c HOW	INJURY OCCURRE	D LENTER NATURE OF INJURY	IN ITEM 18 PART I OR P	YES ART 2)	NO L
DIVISIO	THIS CERTIF WARDED TO PAGE 3 SHO TATE DEPAI 21201 PRIO	MEDICAL	21d. INJURY OCCUR WHILE AT WORK AT W	RED	71e PLACE O	PENJURY (ATHOME, DRY, FARM, ETC.)	211 LOCAT		CITY OR TOWN	C	OUNTY	STATE
•	DICAL EXAMINER: 1E THE CERTIFICATE 1 SHOULD BE FOR VERAL DIRECTOR: DEATH, WITH THE STORE, MARYLAND,		22a I certify that death resulted fron ACTUAL SIGNATURE EXAMINER'S NAME	Notural		ribed obove, held on Accident , Sui	Autopsy icide , M.D.	Inspection Homicide TITLE (SPECIFY) DUPUTY	Undetermined mann MEDICAL EXAMIN	DATE SIGN	5/28/ NED 5/28/ 11~6 Nd 2160	187
	534548	23a BL	(TYPE OR PRINT)		DATE	23c. NAME OF CEA	METERY OR C	REMATORY	23d LOCATION CITY OR TOWN	col	UNITY STA	
07 84 25M	DHMH - 17 (VR A1S ME (S))	24 FL	CREVATION UNITED TO THE PARTY OF THE PARTY O	E. Le	Y 28, 19	St. Mich	acls.		CLINION REC'D. BY REGISTRAR 0 1 967	P.G. MAR 256 REGISTRAR'S	RYTAND	i



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	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 7 REG. NO	5	3 8	3 3
		CEASED NAME OR PRINT) Halo	FIRST	F .	MODLE	EA	AST		DY 14	YEAR	26 HOUR
	3. SE)			RACE		5. DATE C		6 AGE (IN YEARS LATE BIR		UNDER TYEAR	IF UNDER 24 HRS
	-	emale		White		09	24 05	81	YRS	THS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FO COUNTRY) aryland	REIGN 176	U.S	·A.	MARRIE	DIVORCED	9 BALTIMORE CITY O	1bot	FDEATH	MD.
3		Faston	Н 11.	(IF NOT IN SUCI	OSPITAL, NURSIN HFACILITY, GIVE STREET		DROTHER INSTITUTION	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O Seamstress	F WORKING LIFE)	INDUSTRY	F BUSINESS OR
6	13a S		G HOME OR OTH 3b COUNTY Talbot		GIVE RESIDENCE BEFORE 136 CITY OR TOW Easton		134 INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 4 W. Dover		21601	
70	14 FA	THER'S NAME FIRST William	MIDE	DIE	Lantz		Rebecca	ME		Whe	errette
			U.S. ARMER		212-10-4		Marshall M. F	Eachus P O B		216	38
1		Canditions, il any, gave rise to imme cause (a), staling underlying cose	S CAUSED B MMEDIATE C which ediate	Y: AUSE (a) DUE TO, OF	R AS A CONSEQUE	PLICE OF	emia 2°	Cerina T	runt	BETWEEN C	MARIE INTERVAL ONSET AND PEARM
)	NOU	PART 2 OTHER SIGNI	FICANTICON	IC)	entic	DEATH BUT	NOT RELATED TO THE TERM				
1	CERTIFICATION	190 DATE OF OPERAL	ON	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
1	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA LIFEITHER NOTIFY MEDICA 210 INJURY OCCURRE	USE OF DEATH	21b. TIME OI HOUR A./ P./ 21e PLACE O	M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART ?)	
	MEG	MHILE NOT WHILE			EET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TO	WN -	COUNTY	STATE
		220.1 certify that (1) (1 eccosed a lave, (1) (we) (did	alive on	196,1	1 19		nd that in (my) (aur) apinian	, to death occurred an the do	nte ond hour a	nd Irom the	
(THE)(3	day	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED
1		Lawrence I					Dutchman's	Lane Easton	Marvla	and 21	601

DHMH - 16 60M 7/84

BP.

230. BURIAL, CREMATION, REMOVAL 23b. DA
(SPECIFY)

Burial 5
24 FUNERAL DIRECTOR
NAME

Newnam Funeral Home (VRA 15, 4)

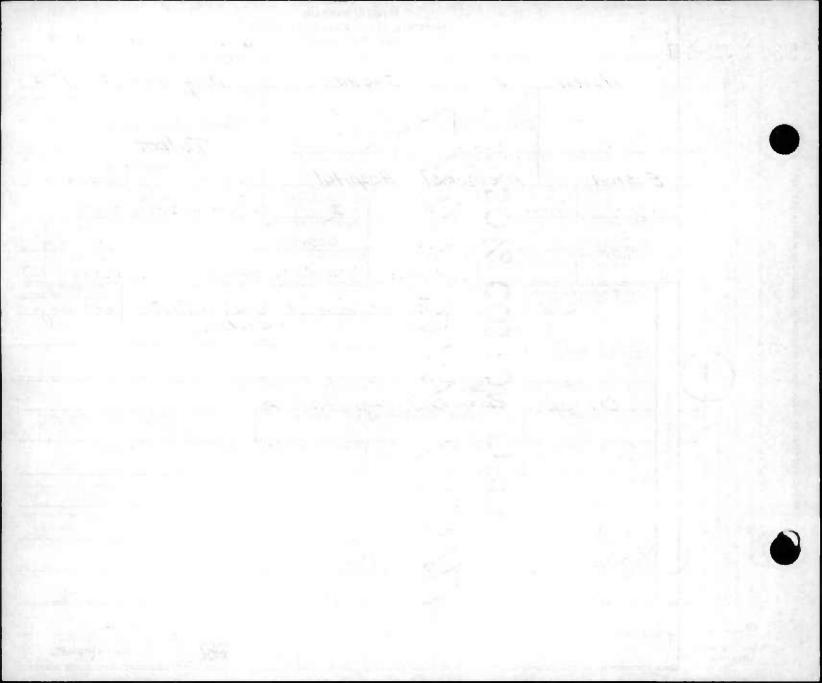
Easton, Maryland

5/30/87

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Easton Talbot Spring Hill Cemetery BY REGISTRAR 256 REGISTRAR'S SIGNATURE

MD



	5				
51	43	6	3	HAY	21
		0	m -	ę	

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

MALE To BIRTHPLACE (STATE OR FOREIGN

3. SEX

CERTIFICATION

MEDICAL

23a

STATE OF MARYLAND

217	IL OI MIL	HILL PHILL	
DEPARTMENT OF	HEALTH A	AND MENTAL	HYGIENE
CERT	FICATE	OF DEATH	

	CERTIFICATE OF DEATH	S REG. NO.	20	0		
MIDDLE	F611	26. DATE OF DEATH MONTH	DAY YEAR	26 HOUR		
RACE CAUCASION	5. DATE FERTH 19AY 1917	6. AGE (IN YEARS LAST BIRTHDAY) 68 VRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.		
76. CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	MD		

12ª USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Hawaii	USA	MARRIED NEVER MARRIED
CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET)	

East	an Me	emorial Hospital	
SUAL RESIDENCE	(IF NURSING HOME OR OTHER INSTITU	TION GIVE RESIDENCE BEFORE ADMISSION	
13a. STATE	136 COUNTY	13c. CITY OR TOWN 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE
Md.	Talbot	St. Michaels YEST NOT	Rt. 1 Box 417

			120		
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME		
FIRST	MIDDLE	LAST.	FIRST	MIDDLE	
Harry	J.	Eby	Eva		Hastie

WAS DECEASED EVER IN U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS
YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	576-09-5918	Marjorie	Eby Same #13

PART I DEATH WAS CAUSED IMMEDIATE		Myocardia	Dyane	for FR
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	(b)	S A CONSEQUENCE OF	/	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NO	YES 🗍	NO 🗌	
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I OR PART	1 2]	

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

22:	I certify was III this hospital	ottended the deceosed from	ond that in (my) our) o	ppinion death occurred on the	date and hour and from the couses state
22	Sich The (did id) not)	view the body ofter death	DECREE		22. DATE ICHEM

PHYSICIAN

ATTENDING 9 MEDICAL STAFF

22e ADDRESS

BURIAL, CREMATION, REMOVAL	236. DATE	23c NAME OF CEMETERY OR CREMATO
Removal	5-18-87	

23d LOCATION CITY OF TOWN

DIRECTOR PHYSICIAN

STATE

STATE

lost

126 KIND OF BUSINESS OR

INDUSTRY

21663

24 FUNERAL DIRECTOR

STATE ANATOMY BOARD

BALTIMORE, MD.

DHMH - 16 60M 7/84

n signed by Then pleos

prior

After this certificate has been

FUNERAL DIRECTOR

the burial-transit per and Mental Hygiene

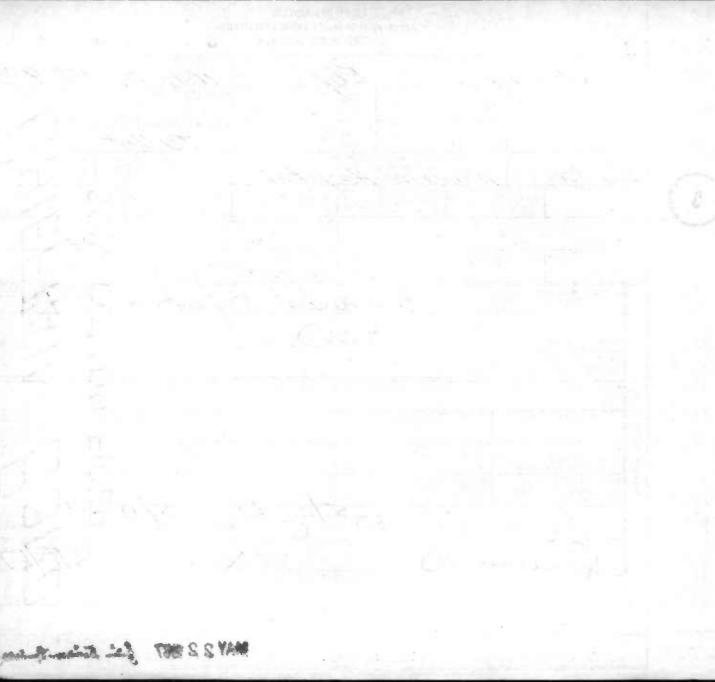
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MPORTANT

BP. (VRA 15, 4)

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33159 MAY	12-	FOR STATE REGISTRAR		DEPARTM	NENT OF H	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGII	ENE 8	REG. NO	1	5 3	8 5	
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ooth. Po	70 BI	RTHPLACE (STATE OR FO COUNTRY) Pennsylvani	a U.S	F WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MAR		BALTIMORE	CITY OR C	OUNTY	OF DEATH	MD	
rs ofter de	III.CI	TY OR TOWN OF DEAT	H 11. NAME OF	HOSPITAL, NURSIN	G HOME C		-	120 USUAL OC LITYPE OF WORK FO Home		ORKING LIFE	12b KIND C INDUSTRY	OF BUSINESS OR	-
AND 212	130 5	Maryland	G HOME OR OTHER INSTITUTIO 36 COUNTY Talbot	13c CITY OR TOWN Oxford	ADMISSION)	LAN			oress / zi Carolin		2165	4	
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BALTIMORE, MARYLAND 2: ote be executed within 24 hours and one can be seen to			U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	128-07-0		Thomas	E Edw	ards P	O Box		ford M	D 21654	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN. The low requires that the death cert ratending physician. Wher this certificate has been signed by the attending os the burial-transit permit. Then please remove carbor th and Mental Hygiene prior to burial, cremation, or ret orked or ten 18 shows any injury, or other troumatit ex-	CERTIFICATION	PART 2 OTHER SIGNI Clolyman 190 DATE OF OPERATION	FICANT CONDITIONS	CONTRIBUTING TO D	-	anen	nice	AL DISEASE (N IN PART 1		
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PYSICIAN ding physics s certificat buriol-from Mental Hyg		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	214 HOW INJUR	RY OCCURRE	D (ENTERNATU	RE OF INJURY IN	TIEM 18 PA	RT I OR PART 2)		
NG PHY offer this os the but h and M	MEDICAL	214 INJURY OCCURRE	E THOME S	E OF INJURY STREET, FACTORY OFFICE F	ARM ETC)	211 LOCATION			CITY OR TOWN		COUNTY	STATE	
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TALOR A y the hos Ral DIREC detoched hote Dept tote Dept UT: If Item		226 SIGNESPURE	I. man	recold	0	PHY:	NDING SICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	v 🗆	S/G	SIGNED 7	
HOSPII bined b FUNE ould be thine Si		Richard F	. Manegold,	M.D.	34	Memor	rial Ho	spital E	Easton	Mary	land 2	1601	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

Newnam Funeral Home

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

236. DATE

5/9/87

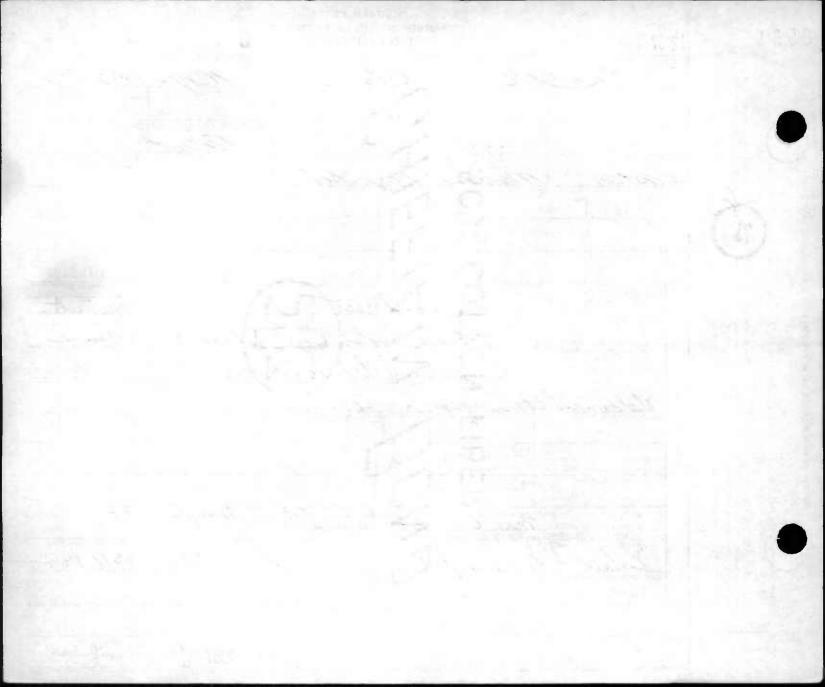
Easton, Maryland

23c. NAME OF CEMETERY OR CREMATORY

Oxford Cemetery

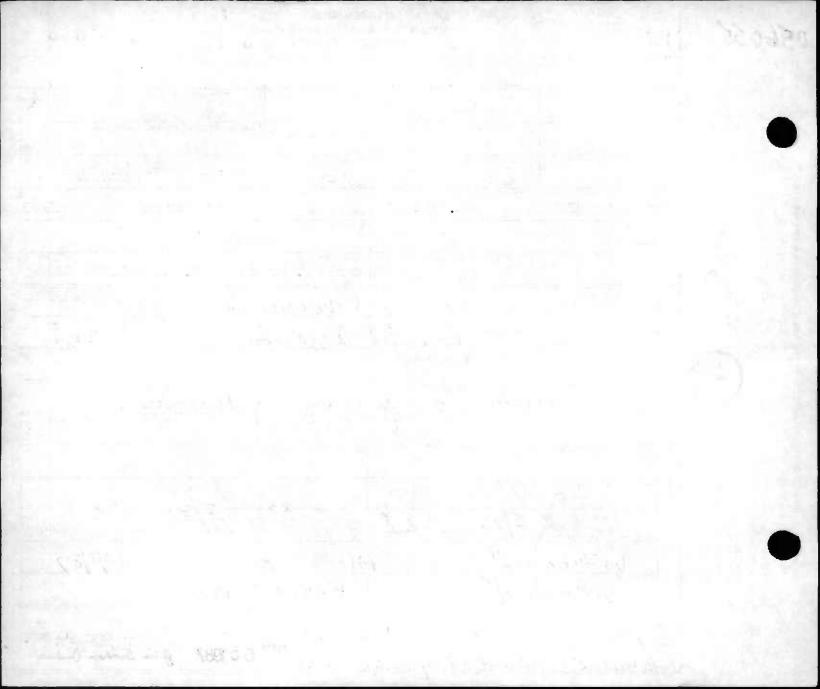
23d LOCATION
CITY OF TOWN
Oxford Talbot

MD



56055	0.	EOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 /	G. NO.	5 0	80
e 6.5		CEASED NAME	FIRST	13y 10	WIDDLE	ı	AST		20 DATE OF DEA	тн момтн	DAY YEAR	26 HOUR
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ge 4 mo	3. SE	Male		4 RACE Caucas	sian	5. DATE C	DAY Y	YEAR 91	6 AGE (IN YEARS L	AST BIRTHDAY) YRS	MONTHS DAY	
od . the south Po		IRTHPLACE (STATE OR I COUNTRY) Ohio		76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWS	D NEVER MARR		9 BALTIMORE C	ity <u>or</u> count albot	Y OF DEATH	MD
offer d		ity or town of dea	ATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	enter-The		120 USUAL OCC	JPATION		OF BUSINESS OR
LTIMORE, MARYLAND 2120 be executed within 24 hours ion and correlete villed in the rs. Pages 1 and 2 intended better te medical consistent con be an	₩5U	AL RESIDENCE (IF NURS	Tallo	OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LI YES P NO	IMITS?	13e SUPEET ADDI	street	DE	21663
MARYLA Within	14 F	unknown		WIDDLE	LAST	ire	15 MOTHER'S MAI		nknown **	DLE		LAST
MORE, I		WAS DECEASED EVER YES, NO OR UNKNOWN)	I IF YES GIV	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT Donald F	. Eth		t. Mich	aels M	d 21663
Things by physics or property for present, the		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ily ane cause per D BY TE CAUSE (0)	line to you, (b), an	Mu dicina	Preu	m	nia		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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WISION OF PHOSE OF THE COMMENT OF TH	MEDICAL	21d INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE F	FARM ETC)	211. LOCATION STREET	V4'	CIT	ORTOWN	COUNTY	STATE
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AL ORE AL DRE Obstacked obstacked of the best		226 SIGNATURE	utte	Jood (2		MD ATTEN	NDING KICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []	6	TE SIGNED
D FUNE Bodd be the Si		228. PHYSICIAN'S N	1HW	JOON TO THE PRINT)			22e ADDRESS	500	U MC	1		
28 6493		BURIAL CREMATION	REMOVAL	136 DATE	23c.7	NAME OF C	EMETERY OR CREM	ATORY	Me LOCATION	4	COUNTY	itan

DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 7 REG. NO. 5 3 8 /
H. EMORY	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR A
5. DATE OF BIRTH / YEAR	6. AGE (IN YEARS LAST BIRTHDAY) # UNDER 1 YEAR # UNDER 22 HRS MONTHS DATS HOURS MIN.
HAT COUNTRY? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH Talbot MD.
SPITAL, NURSING HOME OR OTHER INSTITUTION ACILITY, GIVE STREET ADDRESS) RIO HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING YEE) INDUSTRY INDUSTRY
Swenstewn YES NOT	130 STREET ADDRESS / ZIP CODE 2/658
Emory Devisy	SMITL
86 SOCIAL SECURITY NO. 17 INFORMANT BENKA	W. Emory
refor(a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
AS A CONSEQUENCE OF	failue
Saldinsequence of Jan Carlotte	lung left, 2 months.

REGISTRAR DECEASED NAME (TYPE OR PRINT) 3 SEX To BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF COUNTRY WCITY OR TOWN OF DEATH IF NOT IN SUCH Egston USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, G 1136 COUNTY 130 STATE IS FATHER'S NAME MIDDLE WAS DECEMSED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) YES NO OR UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per li PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ DUE TO, OR Conditions, if ony, which gove rise to immediate cause (o), stating underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B CERTIFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES [NO | 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING __ CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED TIE PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARMING) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from (we last the deceased alive on______ (our) apinion death occurred on the date and have and from the causes stated 22c. DAJE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN" DIRECTOR PHYSICIAN TTYPE OR PRINTS 22d RHYSI 23a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (SPECIFY) 24 FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE

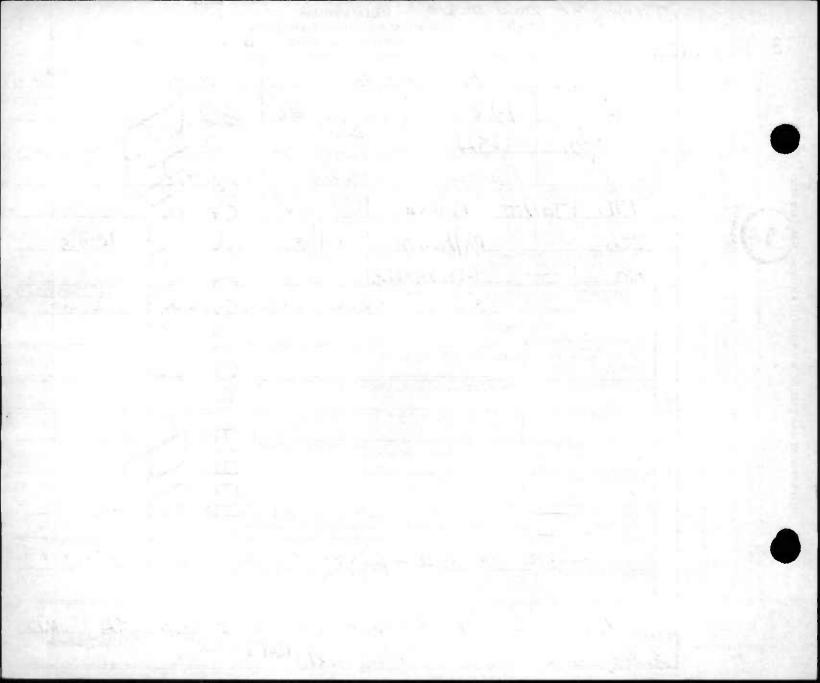
DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

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MPORTANT.

	7	Item 13e-1	Der phone	STATE OF MARYLAND		
	1.	FOR 5/21/87	DER Phone DEPARTA	NENT OF HEALTH AND MENTAL HY	GIENE - 15	3 8 8
1338 14 MAY 1	8 H.	REGISTRAR	ANDDIF	CERTIFICATE OF DEATH	REG. NO.	
e e e		CEASED NAME FIRST	WIDDLE	LAST	24. DATE OF DEATH MONTH DA	YEAR 26 HOUR
moy be page 3	3. SE	Lillia	A RACE \	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BUTTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
4 pt	3. 52	6	plv	MONTH DAY YEAR		ONTHS DAYS HOURS MIN.
Poge direct		RTHPLACE (STATE OFFOREIGN	A CITIZEN OF WHAT COUNTRY?	8.	9. BALTIMORE CITY OR COUNTY O	DF DEATH
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	10 C	TY OR TOWN O DEATH	11. NAME OF HOSPITAL, NURSIN (# NOT IN SUCH FACILITY, GIVE STREET.	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOS) OF WORKING LIFE)	126 KIND OF BUSINESS OR
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hou hou bour bour bour bour bear in solid be	13a.	AL RESIDENCE (IF NURSING HOME OF		N 134. INSIDE CITY LIMITS	136 STREET ADDRESS / PP CODE	21662
1	14 F	THER'S NAME	MIDDLE W. 1	15 MOTHER'S MAIDEN NA	WE	Lewis
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that that d by the lease ial, cre	1.9	underlying cause last	(c)	NCL OF		
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OR he ho		22b. SIGNATURE	6 00 On	DEGREE	MEDICAL STAFF	224 DATE SIGNED
by the by the ERAL per detail by the BERAL per detail and any and any and any and any		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICIAN	1/1-
TO HOSPITAL TO FUNERAL should be deter						
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DHMH - 16 60M 7/84	24. F	NAME NAME	ADDRES &	+ m 1 250 DA	TE RIC'D BY DE CHIRAR 256 REGISTR	AR'S SIGNATURE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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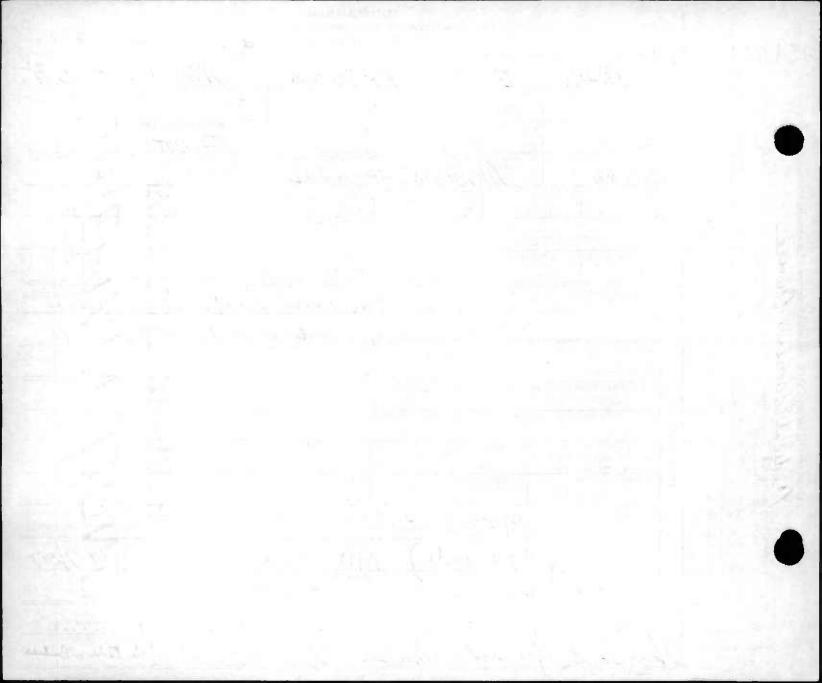
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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

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IV.		LEASED NAME FIRST	MIDDLE	chair the	AST	20. DATE OF DEATH	MONTH DAY YEAR	26. HOUR 48
		MARV	E LIZ	ABETH H	ARRISON	INA	V 7 1987	12 AM
	3. SEX		4 RACE	5. DATE C	OF BIRTH	6. AGE LIN YEARS LAST BA	MONTHS DAYS	HOURS MIN.
		FEMALE	CAUC.	m N	OV. 5, 1919	67	YRS.	HOURS MIN.
E		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY?	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
2		MARYLAND	U.S	.A. WIDOWI	ED DIVORCED	TALL	bot	MD.
Ž)	in CI.	TY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME (OR OTHER INSTITUTION	170 USUÁL OCCUPAT TYPE OF WORK FOR MOST C HOUSEWIFE	OF WORKING LIFE) INDUSJEY	OF BUSINESS OR
2	L	AL RESIDENCE (IF NURSING HOME OF	11/6/	MOKLAL T	105p. +4L	HOUSEWIFE	. HC	
1	Tla. S	TATE 13b COU	VTY 13c. (CITY OR TOWN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS		
-	100	TAL THER'S NAME	BOT LE	ASTON	YES X NO 1		BOROUGH ST.	21601
γ		WILLIAM EMBE	MIDDLE	EAST	FIRST	MIDDLE		NST
$\stackrel{\triangle}{=}$	16a W	/AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	O A MOR	HALL COLDSBOROUGE	T CCD
/			E WAR OR DATES)	6-18-8320	VICTOR V. HAI			
					VICTOR V. HAI	MISON EAST		XIMATE INTERVAL
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/	DICA	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF IN	19	211 LOCATION			
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		saw the deceased alive ar	4123	19 87	nd that in (my) (aur) apinian a		ate and haur and fram the	
		abave, (1) (we) (did) (did no 22b. SIGNATURE	it) view the body after	death.	DEGREE		22c. DAT	ESIGNED
		101	motor o	oell)	MI) ATTENDING PHYSICIAN &	MEDICAL STA		7/8/7
7		27d. PHYSICIAN'S NAME (14PE)	OR PRINT)	1	22e ADDRESS	/	- Init	1-/
		WMT	Wood	It	EAT	TON, Md		
	734. B	URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	1000	****
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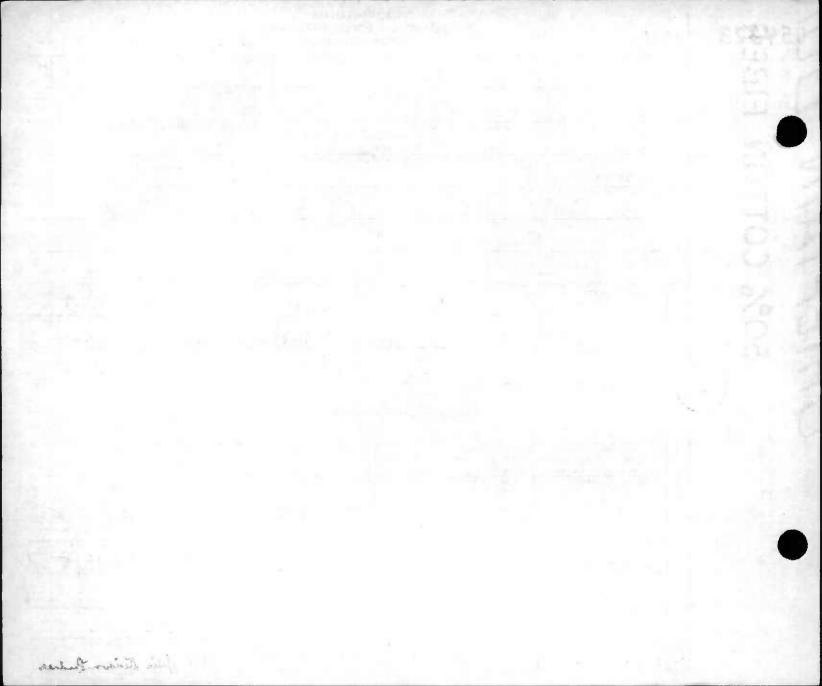


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DEPARTMENT	OF	HEAL	TH	AND	MENTA

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20. DAT	E OF DEATH	MONTH	DAY	YEAR	2b HC	JUNE 1
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12 72 Per	0	RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	U.S.	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O Talbot	K COUNTY C	JF DEATH	
tun de		TY OR TOWN OF DEATH			WIDOWE G HOME C	D DIVORCED DIVORCED	120 USUAL OCCUPATI	ON	12h KIND OF	MD. F BUSINESS OR
201		t. Michaels		Box 503			Realtor	F WORKING LIFE)	Real E	state
24 hou 24 hou 24 hou 21	13a S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU Laryland Tal	NTY	St. Mich	٧ _ ا	134 INSIDE CITY LIMITS?	Rt 1 Box	ZIP CODE 503	21663	
RYLA RYLA	14 FA	THER'S NAME	AUDDIE	LAST		15 MOTHER'S MAIDEN NAM			LAST	
WA B SECTION			Kisling	Hopkins			rginia Bla		d (Asi	
be execusion and construction and constr		VAS DECEASED EVER IN U.S. AF LES NO OR UNKNOWN] (IF YES, GI	RMED FORCES?	527-34-63		Julie A. Hop	kins East	Box 55		
T., BAL ificote physicie moval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly one couse per ED BY: TE CAUSE (o)	line for to Pand	1011 2000	Comonic	Corren	and	BETWEEN	NATE INTERVAL
or report		IMMEDIA		R AS A CONSEQUE	NC FAF	2 1/ 1/20	1	- 7 - 1		THE
dept dept other ave c stian,		Conditions, if any, which	(b)_	Cor	elu	al Mes	ostas	5	45	2000
1 W. PR hat the the rem	1	gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	Mela			A	on
quires 1	1	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVE	N IN PARTILI	
o low re	CERTIFICATI	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
OF VITA CLAN Til physicin printicot col-front mol Hyc		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	PFINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF WILL	RY IN ITEM 18 PAR	11 I OR PART 2)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death certificate be executed within 24 haurs oftending physician. When this certificate as a small red by the oftending physician and completely filled in by as the burial-transformer than the completely filled in by as the burial-transformer transformer or removal. In and Membally or filled in the filled in by as the filled in by as the burial-transformer for the medical exaginate (may show a filled or the filled or them files).	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, FA		211 LOCATION STREET	CITY OR 10	wN	COUNTY	STATE
LDIN Lor Lor lealth		220 I certify that (I) (this hasp	ital) attended th	e deceased from	-61	1982		, 19	001.	hat (I) we) lost
ATTER Spito CTO (of H		saw the deceased alive or abave, (1) (we) (did) (did no	nat) view the bady	ofter death	, on	id that in (my) (our) opinion a	death occurred an the de	ate and hour o	and from the c	ouses stated
ALOR, the horal DIRE detached of Dept. If then		226. SIGNATURA	DO	el	U	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	5 18	SIGNED 7
HOSPIT hed by Vid be old be ORTAN		226 PHYSICIAN'S NAME (TYP)	U			22e ADDRESS				
O HOSPITA etained by TO FUNERA should be de with the Stat		P. Gregg				503 Dutchman		ston, N	Marylan	nd 21601
BP	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY Crematory	Clinton	P.G.	Md.	STATE
DHMH - 16 60M 7/84	2450	INTRAL DIRECTOR	L	BORESS	FT:		REC'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNATU	JRE

DHMH - 16 60M 7/84



62 11 10 1 40	9.	STATE REGISTRAR			DEPARTM		ICATE OF DEA		2 /	1 5 3.NO	3 9	1
eo e pe		CEASED NAME E OR PRINT!	A//	1	Julia	Ä	torno		2a. DATE OF DEAT		AY YEAR	26 HOUR
moy er de	3. SE	х	/	4 RACE		5. DATE O			6. AGE (IN YEARS LA	ST BIRTHDAY)	UNDER I YEAR	IF UNDER 24 HRS
Je 4		Female		Whi	te	12		YEAR OO	8	6 YRS.	DATS DATS	HOURS MIN.
Po dir		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAA DDICE	□ NEVER MAR	_	9 BALTIMORE CIT		OF DEATH	
to Jack		Virginia		U.S.A	١.	WIDOWE			7	Albot		MD
by the fu	10 C	EASTOWN OF DEA	ATH		HOSPITAL, NURSING	DDRESS	ROTHER INSTITU	TION	170 USUAL OCCUP (TYPE OF WORK FOR MI School to	OST OF WORKING LIFE)		BUSINESSOR
be in	USU 13a. S	AL RESIDENCE (# NURS	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY	HALTS?	13e.STREET ADDRE	SS / 7IP CODE	- 14-7	
1 4 10	-	Maryland		lbot	Easton				501 Dutch		ne 216	301
1100	14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MA	ī	AE MIDD	t.E	LAST	
13/10		William		Peyton	Hor		Ell	la	Р.		Day	is
nd ges		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECUI		17 INFORMANT		AC	DDRESS		
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ng ph Dong remerence				E CAUSE (o)	nosplu	oun	4 +0	WL	ne		I W	20/
oth c endir r, or motic				DUE TO, O	R AS A CONSEQUE	NCE OF	D of	2	A 1.	1.	1:100	ntl
a de		Conditions, if ony gove rise to imp		(b)	CAR	0/2	The !	Mul	il tas	Jul	1 110	1000
that the		couse (01, stating underlying couse	ig the	DUE TO, O	R AS A CONSEQUE	SEV.	D		0		yes	m
equires in signe Then pi r to burr injury.	NO	PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONTAUBUTING TO D	EATH BUT	NOT RELATED TO	2 -	DA ST	ONDITION GIVE	N IN PART 1	Alle
he low on. hos been there prior	CERTIFICATION	190 DATE OF OPERA	TION	196. COND	POR WHICH	OPERATION	AS PERFORME	ED	200 AUTOPSY?	IN CERTIFY	WERE FINDIN ING CAUSES	
CIAN: TI physicic ritificate ol-transit ital Hygis im 18 sha		210. ACCIDENT WAS UNI	CAUSE OF DE	HOUR A.	FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJUR	Y OCCURRI	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	IT 1 OR PART 2)	
HYSI nding buri I Meri or Ife	MEDICAL	21d. INJURY OCCUR		?le PLACE	OF INJURY		211 LOCATION		C 12 V C	ORTOWN	COUNTY	STATE
offer the sthe	2	WHILE NOT WE AT WORK	TILE	(AT HOME STI	REET, FACTORY, OFFICE, FA	RM ETC)	SIMEET	- 0 -			CO	SIAIE
A A A A A A A A A A A A A A A A A A A		22a.1 certify that (1)	(this hospi	tol) ottended 1	e deceosed from_	0	74	19_	2, to	14 1	901	hot (we) last
Spito Spito CTOI for of H			olive on	t) view the body	after death.	100	that ir (my) (our	r) opinion d	leoth occurred on th	ne date and hour	ond from the c	ouses stated
AL OR A the hos AL DIREC detoched of Dept. IT: If Hem		TA SHOVATA	est-	TO	Dant	>4		NDING SICIAN I		STAFF YSICIAN []	27c. DATE S	SIGNED .
TO HOSPIT, etoined by TO FUNER, should be dwith the Sto with the Sto MPORTAN		Albert			, M.D.	6	27e ADDRESS Route	3 Bo	x 127 Ea	aston.	Marvl.	and
MP Mith	22- 1					AME OF C	1110000		123d LOCATION	25 0011/	- I T	
		BURIAL, CREMATION,	KEMOVAL				Com of one		CITY OR TOW		COUNTY	STATE
BP	_	Burial UNERAL DIRECTOR		5/23/	87 C	entre	Cemetery	250. DATE	Forest		Harford	MD
DHMH - 16 60M 7/B4 (VRA 15, 4)		Newnam Fu	inoral	Home	Easton, N	Fonula	nd	MAY	ES. 2-84 1282	The state of the		
(**************************************	_	rewnam I't	inci al	Home	Laston, N	raryıd	inu	1.1				

STATE OF MARYLAND

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•	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN. The la retained by the hospital or ottending physicion.	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours often death. Page 4 may retained by the hospital or oftending physician.	10
should be detached for using the State Dept. of Hec	TO FUNERAL DIRECTOR: After this certificate has been signed by the othending bruicing and completely lifed as the Lucrol director should be detached for use as the burnal-transit permit. Then please remove corrangement range, and 2 man and the amount 2 hours then designed begin of Health and Mental Hygene prior to burnal, cremation, or	0.00

BP

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO. 20. DATE OF DEATH MONTH	OAY	YEAR	2b HOL	JR .
	MAY 13	198	7	2:5	OPN
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	RIVEAR	IF UNDER	24 HRS
	66 YRS	MONIHS	DAYS	HOURS	MIN.
П	1. BALTIMORE CITY OR COUNT	Y OF DE	ATH		

Fonnia	ROBIEY	Howard	
F	BIX	5. DATE OF BIRTH MONTH DAY YEAR JOY TO THE PROPERTY OF TH	6.
BIRTHPLACE 132 ATY ON FORESCO	USA	MARRIED DEVER MARRIED DIVORCED	9.
E OSLOW	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	1

13L CITY OR TOWN

MIDDLE

176 KIND OF BUSINESS OR INDUSTRY 113d INSIDERITY LIMITS?

Centre 1/1/2	YES NO	216 Little Ridu
Rozier	15. MOTHER'S MAIDEN NAV	WE WIDDLE
176.28.6731	Robert	Pritchell
		/

18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	ly one cause per l D BY: E CAUSE (a)	massive	Intra	Cerebral hom	ronfor BETT
Canditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE OF	entrolled	Hypertera	~
gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR	AS A CONSEQUENCE OF		1.	

RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

1% CONDITION FOR WHICH C	PERATION WAS PERFORMED
71h TIME OF INITIRY	21c HOW INJURY OCCURRED
	196 CONDITION FOR WHICH C

20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOW YES [NO [(ENTER NATURE OF INJURY IN ITEM 18 PART I ORPART 2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEA
Id. INJURY OCCURRED	71e PLACE OF INJURY	
	(AT HOME, STREET, FACTORY, OFFICE, FARM	ETC

STATE

OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

131, CITY OR TOWN

websit

(IF YES, GIVE WAR OR DATES)

IN WAS DECEMBED EVER IN U.S. ARMED FORCES?

WHILE NOT WHILE I	
20.1 certify that (1) (this haspital	attended the deceased fram_
saw the deceased olive on_	5 - / 3 19 6

CITY OR TOWN COUNTY STATE

and that in (aur) apinian death accurred on the date and have and from the causes stated

deere, arginer folge fully	idi view ille body offer death	h.	
726. SIGNATURE	- 1	1	DEGREE
1 20000	P111.0	1	
Levy	1 Derecy	1	

23b. DATE.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIA

22c. DATE SIGNED
5-13-87

276.	PHYSIC	IAN'S	NAM	1111	is on	mini
4.00	CO. House	Sec. of	S. Shared		F-2. Spin-	1.00

230 BURIAL, CREMATION, REMOVAL

211 LOCATION

2 2 6	ADDRESS	

AN	5-13	-87
1 173		

BP
DHMH - 16 60M 7/84
(VRA 15, 4)

other

0

CERTIFICATION

MEDICAL

8

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MPORTANT

(SPECIFY)

FOR

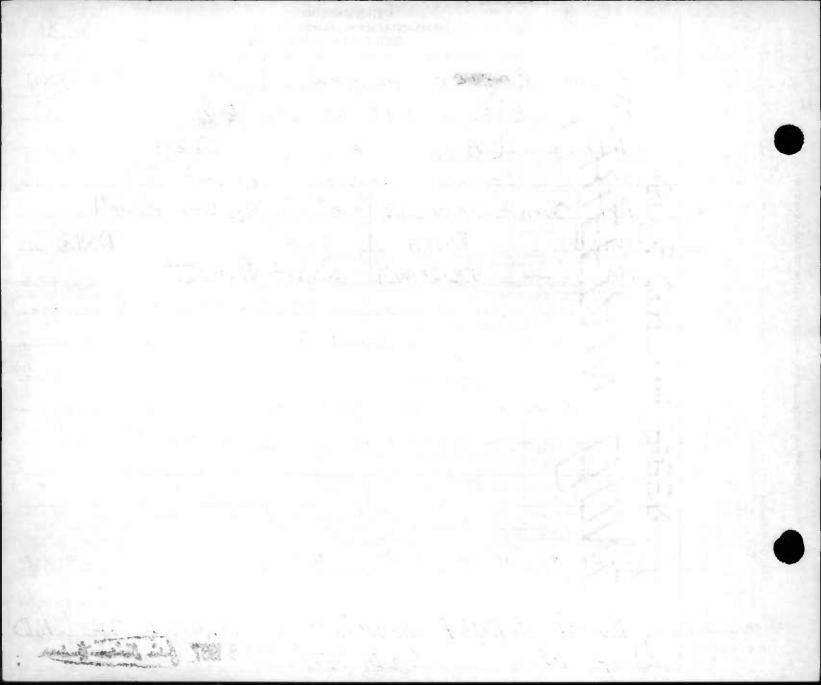
REGISTRAR DECEASED NAME

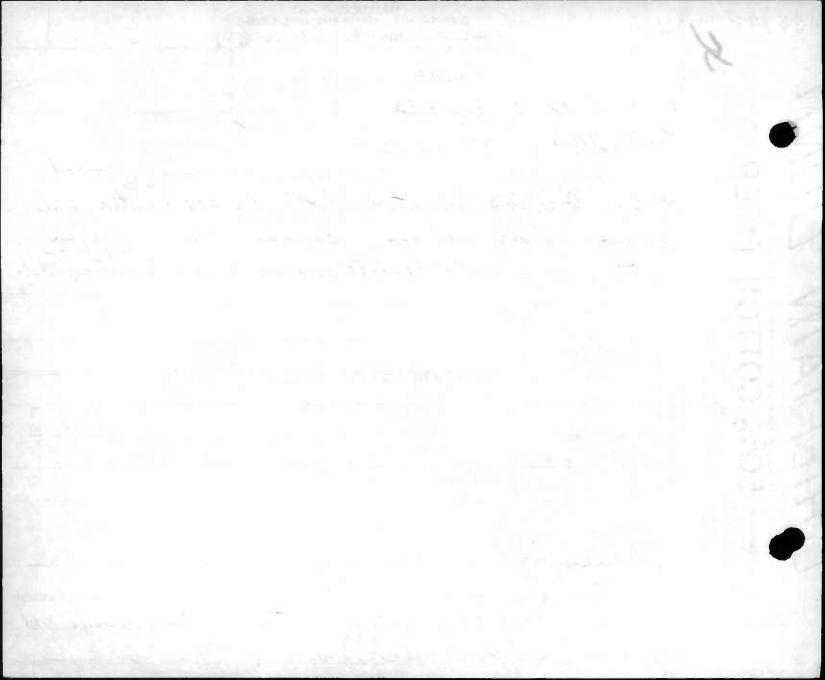
- STATE

TYPE OR PRINT

Sung		0/	141
FUNERAL DIRECTOR	1 6	1,/1	7
4 10000	berter	11/1	

23d LOCATION





BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

155525

FOR

REGISTRAR

FIRST

1 DECEASED NAME

- STATE

STATE OF MARYLAND

MAR Tenkins

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

26 HOUR

20. DATE OF DEATH MONTH

SE	x	4 RACE	5. DATE C		6. AGE IN YEARS LAST BIRTH				
100	Female	Negr	o pot	2NH 6, DA 1912AR 74 YRS. MONINS DAYS HO					
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	M . ISVED DOISE	9. BALTIMORE CITY OR	COUNTY OF DEATH			
_	COUNTRY)	17 0	_	D NEVER MARRIED	Tal	16-4			
-	aroline Co, I	Md. U.S.		D DNORCED DO OTHER INSTITUTION	10/18	001	MD.		
-	IT OR TOWN OF DEATH		ITAL, NURSING HOME (OK OTHER INSTITUTION	12a USUAL OCCUPATIO		OF BUSINESS OR		
1	-asten	Mens	nol He	spital	Food Proce		lsbury C		
iU.	AL RESIDENCE (IF NURSING HOME OF		SIDENCE BEFORE ADMISSION)	garray			2//		
	STATE 131 COUR		ITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		164		
M	aryland Doro	chester H	urlock	YES NO X	Rt. 1, Bo	ox 169	107		
FA	ATHER'S NAME			15. MOTHER'S MAIDEN NA					
	Junius John	AIDDLE AS	LAST	Lillie Smi	th	l	AST		
	WAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRES	s Hur	lock		
(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	9-05-8847	Curtis Jen	king D+	1 Pay 1	60 MA		
	NO	61	9-03-0047	Curcis Jen	KINS, Rt.				
	18 CAUSE OF DEATH (Enter or	nly one couse per line fo	or (0), (b), and (c).1	1 1		BETWEE	NONSET AND DEATH		
	PART I. DEATH WAS CAUSE	TE CAUSE (o)	Maleema	A lum	Monne	-2	0 mo		
	IMMEDIA	IE CAUSE (0)	The same of the sa	011					
		DUE TO, OR AS A	CONSEQUENCE OF	V					
	Conditions, if ony, which	(b)							
	gove rise to immediate couse (a), stating the	DUE TO OBAS	CONSEQUENCE OF						
	underlying couse lost.	DUE TO, OR AS A	CONSECUENCE OF						
		(c)							
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	10		
į									
i	19a DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED		
Ė						IN CERTIFYING CAUSE			
					YES NO	YES 🗌	№ □		
3	210. ACCIDENT WAS UNDERLYING	- 110110 4 44	JRY MONTH DAY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART LOR PART 2)			
ŧ	OR CONTRIBUTING CAUSE OF DE	AIII	19						
ł	THE EITHER NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF IN		ZII LOCATION					
			CTORY, OFFICE, FARM, ETC.)	STREET	CITY OF TOW	N COUNTY	STATE		
	AT WORK NOT WHILE								
	22a I certify that (I) (this hospi	ital) attended the deci	eosed from	1985	10 20 M	198/	that (i) (we) lost		
	sow the deceased alive on	20 M	1957	nd that in (my) (our) opinion o	death occurred on the dat	e and hour and from th			
	obove, (I) (we) (did) (did no	ot) view the body after	eath.						
	22b. SIGNATURE	0	- 2	DEGREE			ESIGNED		
	Stephy	X Ca	200	ATTENDING PHYSICIAN IS	DIRECTOR PHYSICIA	AN 5-	20.07		
	22d. PHYSICIAN'S NAME ITHE	or remets	1	27e. ADDRESS					
	Chamban D		4						
	Stephen P.	Carney,	M.D.	Dutchman's	Lane, Eas	ton, Md.	21601		
	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION				
	Burial	May 23,1	987 Johns	Cemetery	Preston,	Caroline	. Md.		
EI	UNERAL DIRECTOR	11 1	30	25a DAT	E REC'D. BY REGISTRAR	A PEGINDADA SIENI	Derdalle.		
-	NAME	4 1	ADDRESS	1111	NO1 1987	THE PROPERTY OF THE PARTY OF TH			
	RAMPTOM	MAWK	INS-FED	ERALSBURG	AOT BOL				
-		1		17					

t 1771 8 1975 oxnett

. A. S. V . DY . OT - Lifeyed

Harvierd Dordhonter Burlock " Da. 1. Sox 189

Starben P. Carnay, "I.D. Datelman's Tane, Daten, Md. 2160E

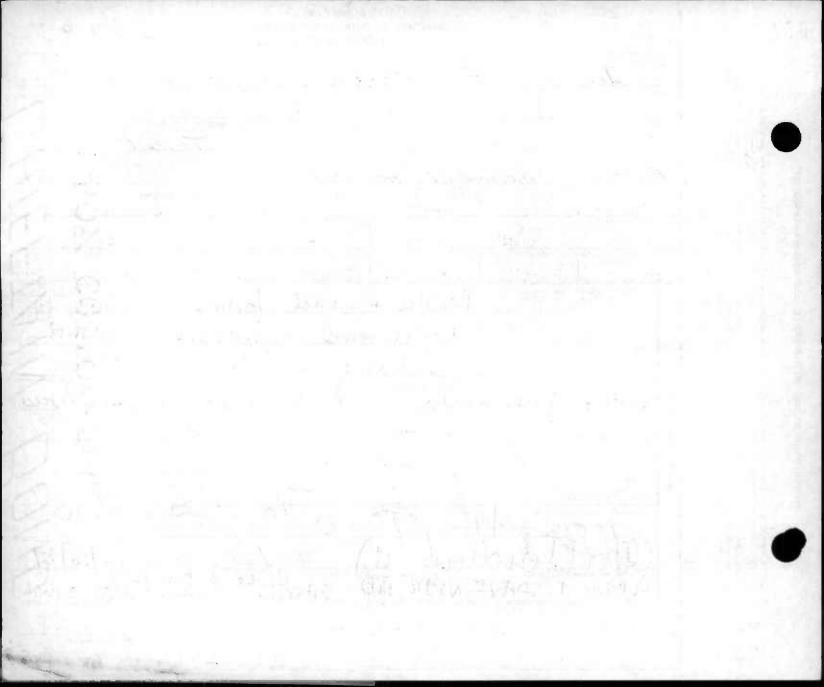
Dunied Vay 10,107 James Penersky Processor Caroline, Min.

54519 MAY.	3 -	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	8 /	I 5	3 9	0
moy be poge 3		PEASED NAME OR PRINT) DOLL X	FIRST	4. RACE	MIDDLE	Max 5. DATE C		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR 15 A M IF UNDER 24 HRS
oge 4	-	Male		White		01	29 16		71 YRS	MONTHS DATS	HOURS MIN.
nerol of party par		Maryland	OREIGN	U.S.	WHAT COUNTRY?	MARRIE	D NEVER MARRIED DIVORCED	BALTIMORE	TO 160	Y OF DEATH	MD
Stiff with	10 C	TY OR TOWN OF DEA	ТН	11. NAME OF I	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION		R MOST OF WORKING LI	FEI INDUSTRY	F BUSINESS OR
4 hours	13a S	AL RESIDENCE (IF NURS	136 COUR	VITY	13c. CITY OR TOW	N	134. INSIDE CITY LIMITS?		DRESS / ZIP COD	E	e Station
othin 2		Maryland THER'S NAME FIRST		lbot MIDDLE	Eastor	1	YES (A) NO (AME	camore A	venue	21601
p 3/40		Leonard		Griffin	Merr		Geneva	^	ADDRESS	LeCo	mpte
BALLIMORE, MAKTLAND 2 cote be executed within 24 h ysicion and cemplers. Pages opers. Pages val. nt, the medical come military		VAS DECEASED EVER VES, NO OR UNKNOWN) VES	(IF YES, GIV	MED FORCES? (E WAR OR DATES) -1945	166. SOCIAL SECU 212-10-7		Elizabeth M.	Merrick		nore Ea	ston MD
: 4000		PART I. DEATH W		TE CAUSE 10)	Herar	ic +	renol	failm	٥	BETWEEN I	MATE INTERVAL MISET AND DEATH
that the death that the attend d by the attend ease remove co al, cremation, or		Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediote g the	(b)_	R AS A CONSEQUE	ato/	ienal ri	mdi liver	ma		nth avs.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certi- r attending physician. After this certificate has been signed by the attending p as the burial-transit permit. Then please remove carbon ith and Mental Hygiene prior to burial, cremation, ar ren arked ar Item 18 shaws any injury, ar ather traumatic ev	CERTIFICATION	PART 2 OTHER SIGN COPD = 19a DATE OF OPERAT	Y	neum	mia		NOT REMATED TO THE PERSON WAS PERFORMED	200 AUTOPS	IN CERTI	S, WERE FINDA FYING CAUSES	Cefcece NGS USED
PHYSICIAN: T ending physici this certificate be burial-transi and Mental Hygi	MEDICAL CE	2 Ia ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 2 Id INJURY OCCURR WHILE NOT WH	AUSE OF DE	P. PLACE	M. MONTH DA	19	211 LOCATION STREET		E OF INJURY IN ITEM 18	PART I OR PART 2)	STATE
ATTENDING spiral or off CTOR: Afrer d for use as it. af Health o		224 I certify that (I)	(this hospi	tol) oftender the	e deceased from	Tec	d that in (my) our) opinion	death occurred o	n the date and hou	19.87	tha (1) (we) lost couses stated
SPITAL OR. MERAL DIRE NETAL DIRE DE defoche e Stote Dept TANT: if lier		22APHTSICIAN SINA	ME ITTE	ALLY PRINTI	Rush	·W	ATTENDING PHYSICIAN	MEDICAL DIRECTOR 3	STAFF PHYSICIAN [22c. DAJE	ole 7
retained by TO FUNER should be with the Sti	22- 6	HLBERT	T.	DAWI	4 NSON	- Ih	SASTO	J. P	MANYL	11/12	21601

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 23d LOCATION
CITY OR TOWN
Salisbury Salisbury Crematory Salisbury WICOMAN SALISBURY $M\overset{\text{STATE}}{D}$ 5/20/87 BP. 24. FUNERAL DIRECTOR Easton, Maryland DHMH - 16 60M 7/84 Newnam Funeral Home (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY

236. DATE



STATE OF MARYLAND

1	Lina	. 1	4)	
 NO	2	0		

53657 MY 18	-	ron					E OF MARYLAND				A 18	
oout in the fire	4	FOR STATE REGISTRAR			DEPART		ICATE OF DEATH		REG. NO.	5 0	9 0	
		CEASED NAME	FIRST	٨	AIDDLE		AST		20. DATE OF DEATH MONTH	DAY	YEAR 26 HC	
oy be deoth deoth	() THE	E	luc	box	8	7	ONES		5	11	87 4	4 5 M
a de	3. SEX			4. RACE	13.2	S. DATE	OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER	I YEAR # UNG	DER 24 HRS
4 00	N	Male		White		03		7 AR	70 YI	MONTHS RS	DATS HOUR	S MIN.
Poge I hours of	To BI	RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIE	ЕрП	9 BALTIMORE CITY OR COU	INTY OF DEA	TH	
God Winds		Maryland		U.S.	Α.	WIDOWI			Talbot	COUNT	+4	MD
	10 CI	TY OR TOWN OF DEA	ТН		OSPITAL, NURSIN		OR OTHER INSTITUTIO	N	12a USUAL OCCUPATION		CIND OF BUSI	NESS OR
by the		Easton		EA:	STON P	nemo	RIAL		Attendant		atchery	V
MARYLAND 21201 ed within 24 hours c mpletely filled in by and 2 should be kie	13a. S	Maryland	13b COUN Talt	ITY	13c. CITY OR TOV Eastor	/N	13d. INSIDE CITY LIM YES NO [13e STREET ADDRESS / ZIP C 21 Swann Have	n	2	1601
WAS CASE OF THE RAIL	14. FA	THER'S NAME	,	MIDDLE	LAST		15. MOTHER'S MAID	EN NAM	AE MIDDLE		LAST	
W B S S S S		Dawson		Greenbu	ry Jone	S	Ann	nie			Simms	
MORE,		VAS DECEASED EVER I		MED FORCES?	166 SOCIAL SECT	JRITY NO.	17. INFORMANT		ADDRESS		Total	
		IO	[# TES, GIVI	E WAR OR DATES	218-07-	7228	Margaret	D Jo	ones 21 Swann H	aven E	aston N	/ID
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: 4 0000		PART I. DEATH WA		D BY: E CAUSE (o)			Meren	MULE	2 To Sepres		3-50	N
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W. hot the by the by the contract of the contr		underlying couse lost. (c)										
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DHMH - 16 60M 7/84

Newnam Funeral Home (VRA 15, 4)

Easton, Maryland

- Davidson-Random



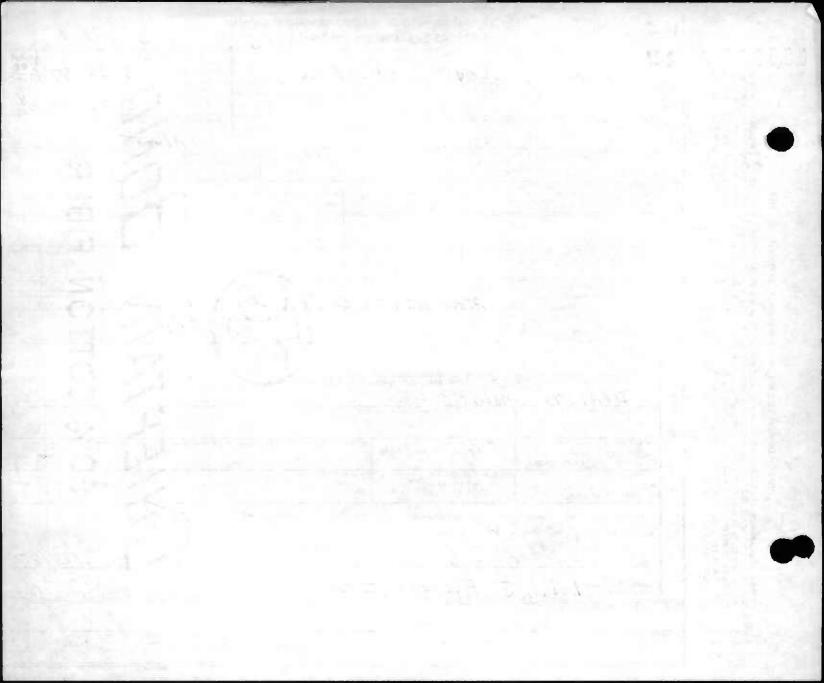
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN ESTI-20 DATE CLYPE-OR PRINTI OF L DIRECTOR. YOUR FILES. N 72 HOURS TON STREET, ONSO DEATH MATED IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED Male White 10 24 09 77 DEAD 76 CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNT NEVER MARRIED U.S.A. Maryland DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS 120 USUAL OCCUPATION LTYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE) Easton Packagegoods Memorial Hospital Merchant SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTIMORE, MD. 2120 Talbot 903 S. Washington Street 21601 Maryland Easton YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FOR FOR LAST MIDDLE Whiteley FIRST Thomas Mushaw Jencey 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAIGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AFFERDEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION (BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. IYES, NO. OR UNKNOWN! 214-12-5501 Mary A Mushaw 903 S Washington St Easton 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH ATHERO SCIEROTIC CARDIO VASCULAR DISEASE MINUTES DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stoting the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.I. CITY OR TOWN STATE COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural couses death resulted fram: Accident Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL TO DAT COUNTY STATE Burial 5/27/87 Spring Hill Cemetery Easton MD Talbot 24. FUNERAL DIRECTOR 256-REGISTRAR'S SIGNATURE DHMH - 17

Easton, Maryland

Newnam Funeral Home

(VR A15 ME (5))

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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noy be poge 3	1. DE	CEASED NAME FIRST	A. RACE		Nevi			20 DATE OF DEATH	MONTH) 6, 1	987	26 HOUR ? 5,00 Am
ge 4 m ector. F		ÎALE	WHITE		5. DATE OF MONTH 11	27	98	88	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
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AND 212	13a :	AL RESIDENCE 14 NURSING HOME OR STATE IARYLAND TAL	OTHER INSTITUTION, GIVE R TY BOT 13c. (EASTON	AOMISSION)	BE INSIDE C	NO K	13e.STREET ADDRES Route 5 Bo			
MARYL MARYL		SIMON A		NEVIUS		FA	MAIDEN NAM FIRST NNIE	CAM)	PBELL	AND	ERSON
be executed of ordinary and ord	160 Y	WAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIVI YES WW	WAR OR OATES)	SOCIAL SECUR		Jane N		Rt 5 Box	734 Eas	ston MD	21601
ith certificate and in physicic carbon poper or removal.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	y one couse per line f D BY: E CAUSE (o) DUE TO, OR AS	ARDI	OPUL	-MOA	IKRY	ARR	EST		MATE INTERVAL DNSET AND DEATH
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DIVISION OF VITA NG PHYSICIAN. T offending physica free this certificate st the buriod-transit hond Mental Hygi orked or Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	MONTH DA	Y YEAR			ED (ENTER NATURE OF IN	JURY IN ITEM 18	PARI I ORPARI 2}	
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R ATTEND hospitol o hospitol o rec for use for use spt. of Heo rem 21 is m		220 I certify that (I) (this hospit saw the decounty alive an above (I) we (idid) (did not 22) SIGNATURE	2715	19.0	,	that in (my)	(our) opinion d	eath occurred on the	date and had	or and from the	
PITAL OR by the hi HERAL DIRIC Se detache State Dep		DEPHYSICIAN'S NAME 1199 OF	T. De	pue	la	A	TTENDING PHYSICIAN S	MEDICAL S' DIRECTOR PHY	TAFF SICIAN []		
TO HOSPIT etoined by TO FUNER should be with the St		William J. Band	ield, M.D.	//		505 I	outchma	n's Lane E	aston	MD 216	01
BP	23a	BURIAL, CREMATION, REMOVAL (SPECIEV) BURIAL	5/19/87		ame of cem ring Hi			23d LOCATION CITY OR TOWN Easton		Talbot	МĎ

DHMH - 16 60M 7/84 (VRA 15, 4)

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, Maryland

256 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE
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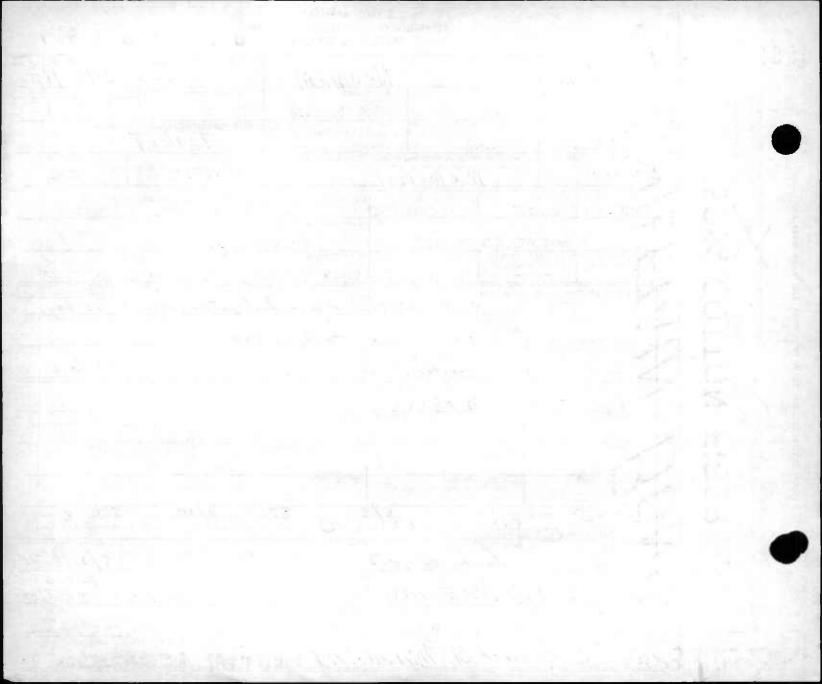
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noy be	J			PEASED NAME FIRST EMITY	MIDDLE BELLE		Neu	WAM	20. DATE OF DEATH MONTH	20-87	26 HOUR 57		
ge 4 n		3. SEX FEWALE			CAUC.		5. DATE OF BIR	.3, 1913		MONTHS DAYS	HOURS MIN.		
deoth. Po	of sole	2		MARYLAND	U.S.A.		WIDOWED	DIVORCED	P BALTIMORE CITY OR COL	oT	MD		
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certificat ing phys	r remova k event.	or other trainmant events.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	E CAUSE 10) ACO	TE AM	TER 10 R	Myocard.	in INFA-CTEO		day1		
e affend	motion, o					Conditions, if ony, which gave rise to immediate	1	ENTRIC	111	The hy car	dia		
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	1 1 1	20	ATION	14pe - TEN	1	Aban	25		200 AUTOPSY? 20b.	IF YES, WERE FINDING	GS USED		
A The form	A LONG	Z	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21c.		YES NO X	YES	NO [
HYSICIAN ading phy his certific	A Mentol t	9	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	IJURY	19	LOCATION	CITY OR TOWN	COUNTY	STATE		
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OR ATTER hospito	Dept of H			saw the deceosed alive on above (1) we) (did) fiid no 22b SIGNATURE	t view the bady after	death.	DEGR	EE	death occurred an the date one	d hour and from the co			
SPITAL of the	with the State D	T		22d PHYSICIAN'S NAME PYPE O	-1/	E	220.	ATTENDING PHYSICIAN ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	5/21 PAS	1/87		
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BP	_			BURIAL	MAY 23, 1	1987 BC	ZWAN CE	ÆTERY	BOZWAN	TALBOT MAI			

DHMH - 16 60M 7/84

(VRA 15, 4)

FUMERAL DIRECTOR

BOZVAN TALBOT WARYLAND
25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



3 4 3 1 MAY L	FOR - STATE , REGISTRAR		STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	5 4 0 0
y be oge 3 deoth	DECE ASED NAME FIRST TYPE OR PRINT!	A RACE	utschak	may 5,1	AY YEAR 16 HOUR M
ge 4 r	Female	White	Oct. 5, 1925	61 YRS.	FUNDER LYEAR IFUNDER 24 HRS
11.35	Preston, Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
	Easton	(IF NOT IN SUCH FACILITY, GIVE STREET AS	HOME OR OTHER INSTITUTION DORESS)	170 USUAL OCCUPATION SWITCHDOARD OP	126 KIND OF BUSINESS OR
2 2 6	FATHER'S NAME	OTHER INSTITUTION GIVE RESIDENCE BEFORE A ITY 136. CITY OR TOWN Oline Preston	13d INSIDE CITY LIMITS?		21655
old mol	Frederick Quid	das	Fannie Wo		(AST
papers, pages, namedica		MED FORCES? 16b SOCIAL SECUR E WAR OR DATES) 218-20-			Rt 1, Box 6
n signed by the attending phys. Then please remove carbon pop. I to burial, cremation, or remova injury, or other traumotic event,		~~	cular conol	hemorrhage Iral and unys	m Uncertai
cote hos been sig ansit permit. The Hygiene prior to I	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, IN CERTIFY YES	WERE FINDINGS USED ING CAUSES OF DEATH?
the burial-tran	OR CONTRIBUTING CAUSE OF DEA [IF EITHER NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED WHILE NOT WHILE		YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PAI	COUNTY STATE
ched for use as sept. of Health them 21 is mark		al) attended the deceased from 19 8	7 , and that in my (aur) opinion DEGREE	death occurred on the date and hour	, more than the
TO FUNERAL DIRECTOR Should be detached for with the Store Dept. (WPORTANT: If them Store Dept. (MPORTANT: If them Store Dept	Robert W.		??e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	5-5-87 ion, Md. 21601
BP	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial FUNERAL DIRECTOR	1 0 2004 -	me of cemetery or crematory inior order Cemetery 750 DA 750 DA	123d LOCATION CITY OF LOWN Preston, Car TE REC'D. BY REGISTRAR 1256 AEGISTR. AN 1 2 1987 Julian	county State Oline, Md.
(VRA 15, 4)	PRAMPTOM-1	AWKIIVSTE	DERALSBURG N	MAY 1 2 198/ Julia	Dagary Kam

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A.C.D .00 montest

Fire ballboard bnd Men Board.

Northead Careline Creston M. W. Rt. 1, Tox 8

Frederick Cuids Cuids Formie Form

No 218-20-1124 Glear N. Pintaciak, Ct. Tt 1. Box 5

Poblet W. Traver, M.D.

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MY A	11	FOR STATE REGISTRAR		TWIT	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	8 / REG. N		5 4 0	
- "	Male		Ropchock			ochock	120 DATE OF DEATH MONTH DAT YEAR 12 HOUR MONTH DAT YEAR 12 HOUR			
3			Cau	c.	MONT	DF BIRTH 1 3, DAY 1921	6 AGE (IN YEARS LIST BIRTHDAY) 66 YRS			
15			USA widow				BALTIMORE CITY OR COUNTY OF DEATH			
78				11. NAME OF HOSPITAL, NURSING HOME ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Manager A		Hospital	Oriller	126 KIND OF BUSINESS OF INDUSTRY Water		
13	3a. S'	residence (if nursing home of talk yland Talk	ROTHER INSTITUTION NTY OCT	St.Michae	N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS Map	le St.	, 21663	
00	George Ropchock					15 MOTHER'S MAIDEN NAME Julia Andrasko MIDDLE				
160		AS DECEASED EVER IN U.S. A ES. NO OR UNKNOWN) (1F YES. G	RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU		Joseph A. Rop	chock, Tilg		Maryland	1 216
or other traumatic ever		PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE		arthema	of tu	+		
- Kunlu	o o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/19								
2	CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIC	N WAS PERFORMED	YES NO	20b. IF YES, IN CERTIFY YES	WERE FINDINGS	SUSED DEATH?
	N N	?10 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	ATH HOUR A	.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURI	RED TENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
A CAM	MED	THE INJURY OCCURRED		OF INJURY REEL FACTORY, OFFICE, FA	MM ETC.)	ZH LOCATION STREET	CAYOMAD	party.	COUNTY	SPAN
Z3 15 mg		ITA I certify that (I) (this has saw the deceased alive o above (I) (we) (did) (did,	1	19		nd that in (my) (aur) opinion	terterdenth occurred on the d	ate and hour		t (E) (we) sex states
E He He		The SHENATURE	heil			DEGREE ATTENDING PHYSICIAN S	MEDICAL STA	FF IAN []	S/II/	F)
-		224 PHYSICIAN'S NAME TYPE	CARREL			22e ADDRESS			-	-

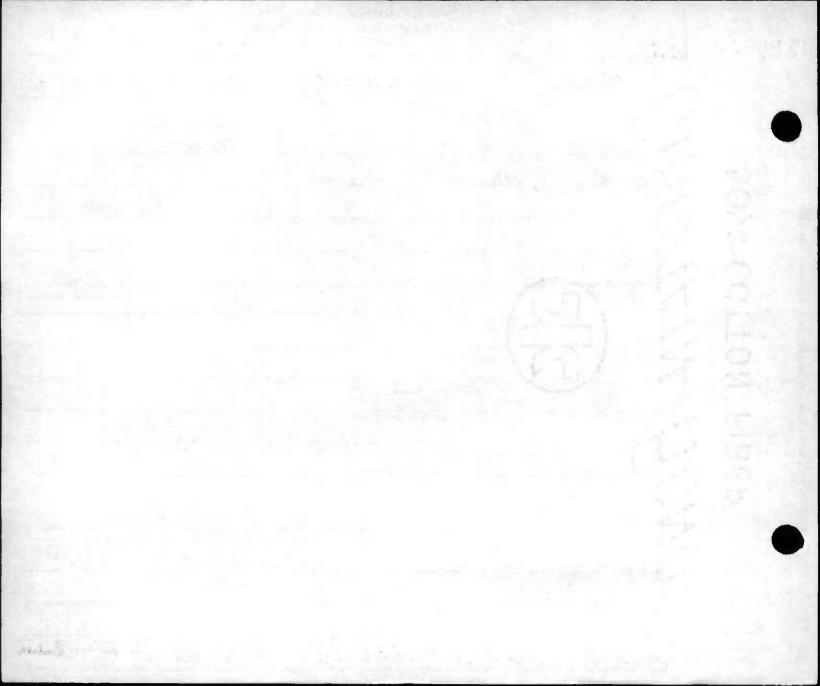
DHMH - 16 60M 7/B4

23e BURIAL, CREMATION, REMOVAL (SPECIFY)

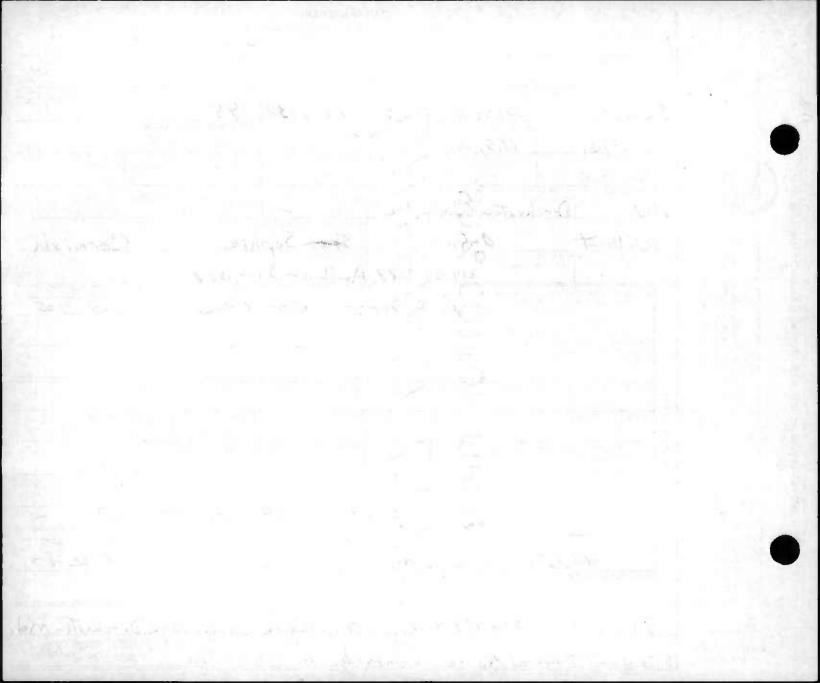
May 14, 1987 Woodlawn Memorial Park Burial

23b DATE

23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY Talbot Maryland Easton,



DHMH - 16 60M 7/84 (VRA 15, 4)



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within 24 hours after death. Page 4 may be

STATE OF MARYLAND

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-	REG. NO.	•				

1-	FOR STATE REGISTRAR				EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. N	o. Î	5 4	0 3
	CEASED NAME FIRST T	heodor	South	el	Majer Majer	20 DATE OF DEATH	MONTH 5	3 87	1250/P
					ary 16, 1897	6 AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7a. BI	Male IRTHPLACE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8	ARRIEI	D NEVER MARRIED	9. BALTIMORE CITY O	OR COUN		
E	Germany ITY OR TOWN OF DEATH CASTON	USA WIDOWE 11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, OVER STREET ADDRESS.				120 USUAL OCCUPAT LITTE OF WORK FOR MOST Physician		GUFET INDUSTRY	MD. DF BUSINESS OR Medical ITy
13e. S	AL RESIDENCE (IF NO SING FOME OF STATE 13) COL		13c. CITY OR TOWN Chester	ISSION)	13d INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS P.O.Box	ZIP CO	DEBenton 2161	
2	Gottfried	WIDDIE	Sattelmaie		is. MOTHER'S MAIDEN NAM Katherin	e middle		Freuden	
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, C NO	RMED FORCES? GIVE WAR OR DATES)	220-44-471		17 INFORMANT Daug Mrs. Freya S.		_	Hills,	y Terrace N.Y.11375
ATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRED MON 1 A DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF UNDERTOR OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 120 AUTOPSY? 200. IF YES, WERE FINDINGS USED								0
MEDICAL CERTIFICATION	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	CAIN!	M. MONTH DAY	YEAR	21¢ HOW INJURY OCCURR	YES NO NO		YES [] IS PART 1 OR PART 2}	№ □
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
	226 I certify that (I) (this haspital) attended the deceased from								
24 FI	BURIAL, CREMATION, REMOVA (SPECIFY) Burial UNERAL DIRECTOR BAR	May 7.	1987 Stev	ens	EMETERY OR CREMATORY SVIlleCemetery 25e, DATE	23d LOCATION CITY OF TOWN Stevensy	ille.	COUNTY O A CO- ISTRANS ENSINAT	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certif should be detached for use as the living with the State Dept of Health and Me MPORTANT: If Item 21 is marked ar

signed by the ottending physician and campletely filled in by the funeral director, page 3 hen please remove carbangopers. Pages 1 and 2 shayld be filed within 72 hours after death a burial, cremation, or remayal.

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				STATE OF MARYLAND		
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STATE OF MARYLAND

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1	36 34	M	aryland	U.S.	Α.	WIDOWE	D NEVER MARRIED	Talbot			
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No.	DIRE Ched Dept Dept		In spanne	-11			ATTENDING	EDICAL STAFF	221 DATE	SIGNED	
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7	p	23a E	SPECIFY)	OVAL 23b. DATE	23	NAME OF	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
В	P	B	uria1	5/22	/87 0	Freenm	ount Cemet	ery Hillsbon	co Caro	oline MI	
	NH - 16 60M 7/84 (VRA 15, 4)	M	OOT B PUNC	realto	45 B	BNA	ON MY 25a DA	TE REC'D. BY REGISTRAR 29 RE	GISTRAR'S SIGNA	VRE	



TATE OF MARYLAND	
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NEVER MARRIED

13d. INSIDE CITY LIMITS?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

MARRIED .

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

8 / REG. N	10.	5	Eng.	0	0
DATE OF DEATH	MONTH	DAY	YEAR	26 HC	DUR
	5	18	87	(20
GE IN YEARS LAST B	RTHDAY)	IF UND	ER I YEAR	IF UND	ER 2 HRS
		MONTHS	DAYS	HOUR	AA INL

126 KIND OF BUSINESS OR

INDUSTRY

BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFE!

13e STREET ADDRESS / ZIP CODE

2	
8	
S85V7	
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2	
27	
1	

- STATE

(TYPE OR PRINT)

COUNTRY

13a STATE

14 FATHER'S NAME

REGISTRAR I. DECEASED NAME

M. BIRTHPLACE (STATE OF FOREIGN

Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.

190 DATE OF OPERATION

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

Removal

22b. SIGNATURE

AT WORK AT WORK

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

10. CITY OR TOWN OF DEATH

FIRST

COUNTY

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)

22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive on bove, (I) (we) (did) (did not) view the body after death,

MIDDLE

Th CITIZEN OF WHAT COUNTRY

HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Hygi Hem 18 20 If Item should be deta with the State [FUNERAL MPORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

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٦	23b. D	ATE		Т		
	5	-2	8	_	87	

216. TIME OF INJURY

21e PLACE OF INJURY

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE FARM, ETC.)

231 NAME OF CEMETERY OR CREMATORY

DEGREE

211 LOCATION

ATTENDING

PHYSICIAN

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

YEAR

CITY OR TOWN

, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

22c DATE SIGNED

24 FUNERAL DIRECTOR

State Anatomy Board Balto., Md.

200 AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

STATE

YES []

055204

DHMH - 16 60M 7/84

(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR TYPE OR PRINT! SHERIDAN ANN MARSHALL 12:20 May 25, 1987 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR **BALTIMORE CITY OR COUNTY OF DEATH** 12h. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Homemaker 13e STREET ADDRESS / ZIP CODE Route 3 Box 192 21601 Jones Charles N Sheridan Rt 3 Box 192 Easton MD 21601 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES -21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred an the date and hour and fram the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 505 Dutchman's Lane Easton Maryland 21601 Trappe MD 5/28/87 Talbot White Marsh Cemetery Burial 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Dandon Randols Newnam Funeral Home Easton, Maryland

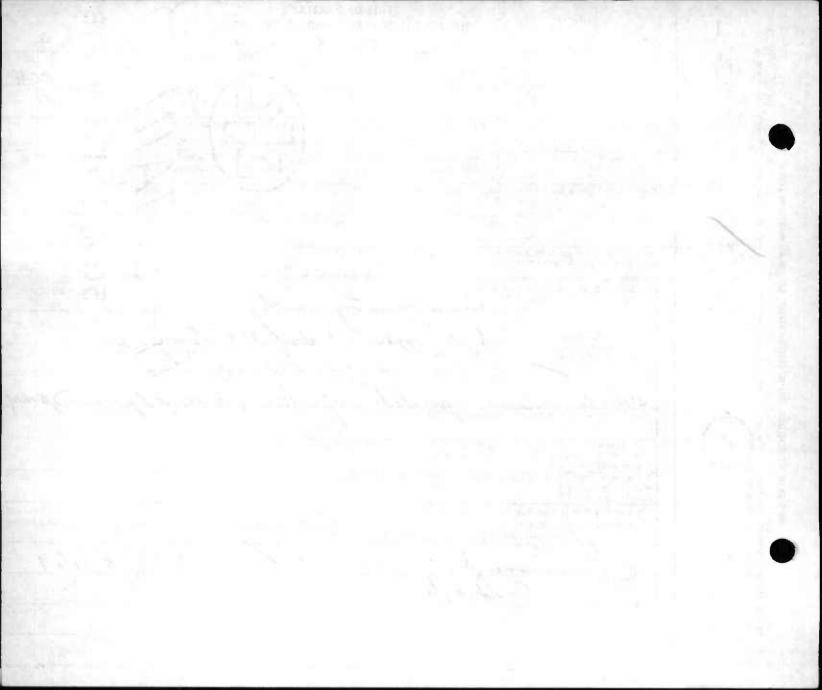
STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF DEATH 25 HOUR (Type or print) Caroline Bittel Sparacino 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) DAYS MONTHS Female. Caucasian Nov. 3, 1908 funeral 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED New York WIDOWED TX DIVORCED | Talbot County U. S. A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Memorial Hospital during most of working life, even if retired.) HOUSEWITE Easton Home 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER BALTIMORE, MARYLAND odmission) STATE Maryland 13b OUNTY Caroline Denton Hobbs Road 21629 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Francis Joseph Bittel Heubel Lena 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, na, ar unknown) NO Jennie Diem, Denton, MD 21629 075329703 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENT please stoting the underlying cause DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SHAFT ICANT CONDITIONS CONTRIBUTATED TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS. inheren myour 19b. MINDITION FOR WHICH CARATION WAS PERFORMED IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO | 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notity medical examiner) 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram_ . 19 . ta causes stated abave, (1) (we) (did) (did por) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22e ADDRESS Commerce Dr., Easton, NAME (Type) George 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial of of MD 4/28/87 Denton Cemetery Denton Caroline 0 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

DATE 5-5-8

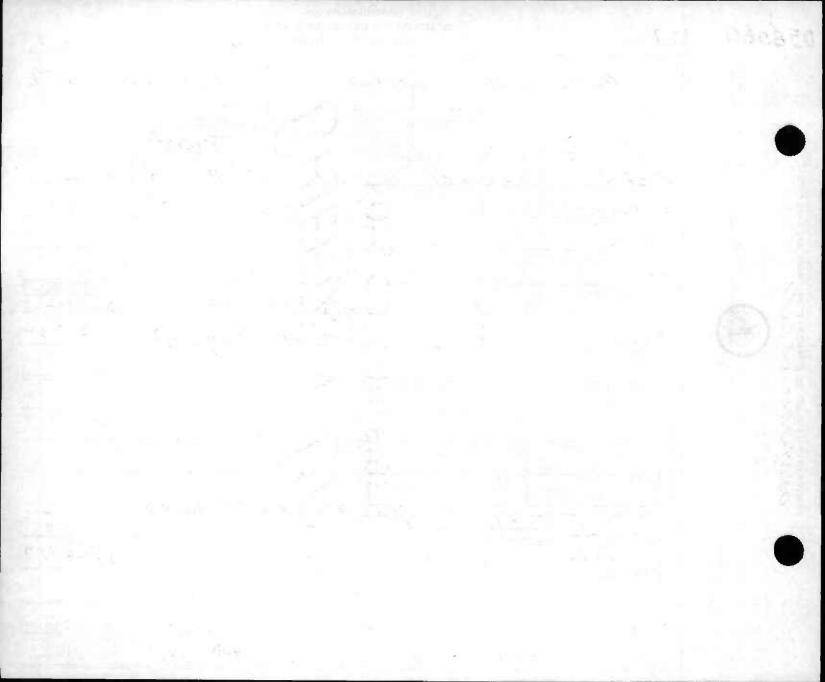
Moore Funeral Home, P.A Denton, MD

DHMH - 16 3/72 25M (VR A15 (4))



5	TATE	OF M	ARYL	AND

05/6060	5.0	FOR STATE REGISTRAR EASED NAME FIRST	M	DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG NO		YEAR 126 HOUR
4 may be for, page 3 after death	3. SE	ORPRINI) Nattio	4. RACE Caucas		S/CAT 5. DATE O	DF BIRTH	6. AGE (IN YEARS LAST OF	12719	787 // 24AM JOERT YEAR IF UNDER 74 HRS HS DAYS HOURS MIN.
deoth. Poge	70. BI		76. CITIZEN OF W	HAT COUNTRY?	WIDOWE	D NEVER MARRIED	9. BALTIMORE CITY O	tot	DEATH MD. 2b KIND OF BUSINESS OR
haurs ofter d in by the d be filed wi	Z-	LI RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION G	PACILITY, GIVE STREET	ADMISSION)	Spital	SER POOR OST OF PROCE	SSOT	Seafood
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be file exommet miss be no		THER'S NAME	oline	Denton Hurd, Si	r.	YES NO XX IS MOTHER'S MAIDEN NA FRS1 Ina	MD Route	404	Allen
BALTIMORE, I	160 V	0	MED FORCES? I	2161099	RITY NO. 949	Mary S. Roo	ADDRE gers, Dent		21629 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST., The strict of the stric	Conditions Some time to make the time time to make the time time time time time time time tim			AS A CONSEQUE	NCE OF	S ventarala		my Amia	suchen, 2.3 yr
AI RECORDS, AMCL The low required in the low required in the seen significant. The low some in the seen significant in the seen in the s	CERTIFICATION	190 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING	RE FINDINGS USED G CAUSES OF DEATH?
DIVISION OF VITA OF PHYSICIAN. T ottending physicial fiter this certificate os the buriol-trans th and Mental Hygi nyked or pem 18 sh	MEDICAL CE	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M P.M 21e PLACE O	MONTH DA	19	21c HOW INJURY OCCURI	CITY OR TO	10.84	OR PART 2) COUNTY STATE
OR ATTENDE he hospirol or DIRECTOR, a oched for use Dept. of Heal		27a.1 certify that (I) (Alas happens sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE)				nd that in (my) (com) opinion	death occurred on the do		that (I) (we) lost from the couses stated 22c. DATE SIGNED 127 129 120 120 120 120 120 120 120
TO HOSPITAL retained by 1 TO FUNERAL should be defi with the Store		22d. PHYSICIAN'S NAME (TYPE O Philip P. URIAL, CREMATION, REMOVAL	Felipe,		JAME OF C	220 ADDRESS 421 S. Fit			, MD
BP	É	urial	5/30/8			nount Cemete	CITY OR TOWN	sboro	Caroline MD
DHMH - 16 60M 7/84 (VRA 15, 4)		oore Funeral	Home,	P.A. 12	S 2		MD - BY REGISTRAR	1987	SSIGNATURE



3 0 5	9 HAY 1		FOR STATE REGISTRAR			DEPARTM	NENT OF H	OF MARYLA	ENTAL HYG	A	G. NO	15	4 1 0
e pe	page 3		CEASED NAME E OR PRINTI	FIRST ROY		R.	-	24/OR	Sr.	20 DATE OF DE.	ATH MONTH	1987	10:45 10:45 10:45
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de	in the first of th		ITY OF TOWN OF DEA	JH 1		HOSPITAL, NURSIN		The state of the s	- Good	12a USUAL OCC			OF BUSINESS OR
s of	6 19 by	E	Easton		MEM	HEACHITY, GIVE STREET A	HOSE	rital	2.00	Carpen		Carp	
how	E (V)	13a S		136 COUN	Y	13c. CITY OR TOWN	N I	13d INSIDE CIT	TY LIMITS?	13e STREET ADD	RESS / ZIP CO	DE	
in 24	# 5 5		Maryland	Talb	ot	Easton			NO 🗆		Washing	ton St	21601
A A	Cale Care	14. 87	Perry		D.	Taylo	n	15. MOTHER'S	MAIDEN NAI Gladys		DDIE		AST
r, a	8 2 3	16a \	WAS DECEASED EVER			166 SOCIAL SECUI		17 INFORMAN			ADDRESS	Re	eder
ž š	Poges medico		YES, NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	217-03-3	518	C. Edi	na Tay	lor 610	N Wash	ington S	t Easton M
hot the death certificate	by the attending physici rase remove carbon paper of, cremotion, ar removal. rather traumatic event, th		Conditions, if ony, gove rise to imm couse (a), stolin underlying couse	AS CAUSED IMMEDIATE which necliote g the	DUE TO, OI	R AS A CONSEQUE	NCE OF.	tive	Rear	t fail	une Edises	19	NAMATE INTERVAL NONSELAND DEATH
3, 20	signed hen plec a buria jury, or	z	PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO						CONDITION	SIVEN IN PART	lio
he low req	nos been ne prior t	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH		was perfor		963 200 AUTOPSY YES NO	INCER	YES, WERE FIND TIFYING CAUSE YES	
SICJAN: T	certificate bringly and certificate bringly hygie lentol Hygie lentol Hygie		210 ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING	AUSE OF DEAT	21b. TIME O HOUR A	M. MONTH DA	Y YEAR	21¢ HOW INJ	URY OCCURE	RED (ENTER NATURE	OF INJURY IN ITEM I	B PART I OR PART 2)	
NG PHYS	fter this os the burked or l	MEDICAL	21d INJURY OCCURR	ILE 🗍	21e. PLACE (OF INJURY PEET, FACTORY, OFFICE FA		211 LOCATION	2	CII	TY OR TOWN	COUNTY	STATE
TTENDI	OTOR A for use of Health		saw the decays obove, (I) (word)		4.0		7_,000	-	our) opinion	death occurred or	the date and h	our and from th	. the (we) lost e couses stated
TAL OR A	JERAL DIRECTOR State Dept.		226 SIGNATURE Robert	tw.	Treve	CEU ALL	C	P	-	MEDICAL DIRECTOR []	STAFF PHYSICIAN [E SIGNED
HOSPI	O FUNE hould be with the Si		Robert W					RD 3		× 297	East	r, no	11.21601

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Newnam Funeral Home (VRA 15, 4)

236. DATE 5/13/87

231 NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery Easton Talbot

256 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S CONTROL

MAY 1 5 1987

23d LOCATION CITY OR TOWN

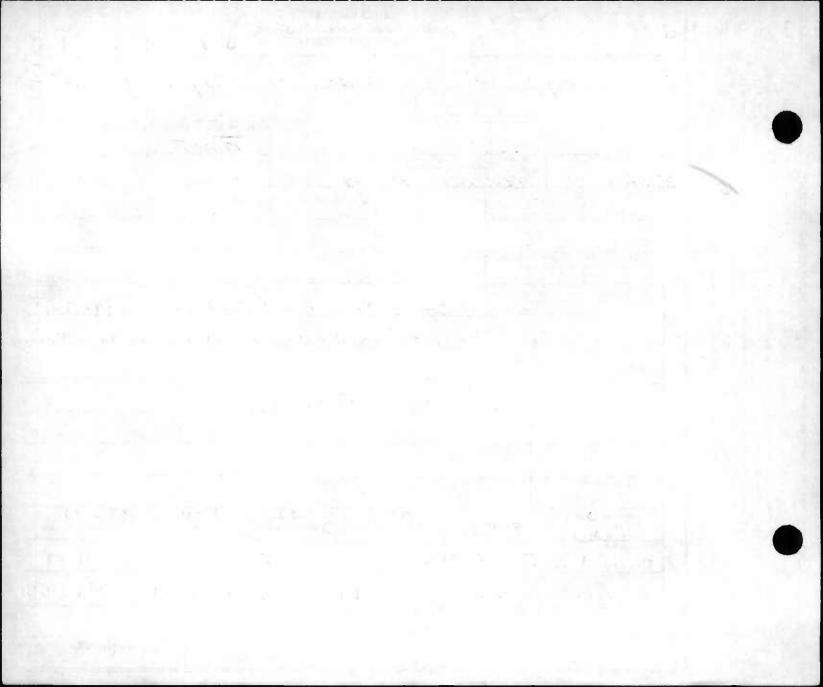
COUNTY

STATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

Easton, Maryland

MD



54 137 MAY 21

		STATE OF MARTLAND							
			NT OF HEALTH						
lward	Owens	Thomas	CERTIFICATE	OF	HTASC				

1 - STATE 7 REGISTRAR	Edward	Owens Thomas	CERTIFICAT			8	REG. NO.	5	4	1	1	
I. DECEASED NAME	IRST	MIDDLE	LAST			20 DATE OF	DEATH MONTH	DAY	YEAR	26 HOU	R	
EN EN	WARD	Ø wens	THOMAS			5/18/87 (082	08201	
3. SEX	4 RACE		5. DATE OF BIRT	(H		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS	
Male		White	MONTH 4	2ô	1917	70	YRS	MONTHS	DAYS	HOURS	MIN.	
BIRTHPLACE (STATE OR FOR	IGN 76 CITIZI	EN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED			9 BALTIMO	RE CITY OR COUN	TY OF DE	ATH			
Maryland		U.S.A.	WIDOWED _		VORCED		19/bot	1			ME	
Easton	(IF NO	ME OF HOSPITAL, NURSIN OT IN SUCH FACILITY, GIVE STREET Memo Rig/			,	TYPE OF WORK	occupation for most of working tional Of	LIFE) IND	USTRY	of Md		
WSUAL RESIDENCE (IF NURSING	HOME OR OTHER INST	ITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)									

WSUAL RESIDENCE (IF	NURSING HOME OR OTHER INSTITUTION.	GIVE RESIDENCE BEFORE ADMISSION)	
13a STATE	INCOUNTY	13¢ CITY OR TOWN	ŧ
Maryland	Queen Annes	Grasonville	ı

MIDDLE

13d. INSIDE CITY LIMITS?

P.O. BOX 87 /21658

MIDDLE

4. FATHER'S NAME Fargo

Thomas

Mary 17. INFORMANT

Foubes

160 WAS DECEASED EVER IN U.S. ARMED FORCES

166 SOCIAL SECURITY NO 212/14/4031

Vera May Thomas/(wife same as 13e.)

18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), ond PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

CAL CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUT	OPSY?	206. IF YES, WERE FIN IN CERTIFYING CAU	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
				YES 🗌	NOX	YES 🗌	NO 🗌	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	The same of the sa			ATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19						
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AL WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	OMN CONIA	STATI	

220 I certify that (I) (this haspita	I) attended the deceased fram	, 19	, to	, 19, that (I) (we) las
saw the deceased alive on_ above. (I) we i did i did not	view the body after death,	, and that in (my) (aur) apinion	death occurred on the do	ite and haur and fram the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

505 DUTCHMAN'S LA EASTON MO

. murery mo 230. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

Baltimore, Maryland 21202

24 FUNERAL DIRECTOR

5/19/1987

Cremation

Walter Brooks Bradley, Inc. Balto., Md. 21222

Green Mount Crematory 150 MARC 280 PEQUE REGISTRAPS SACHATIRE LALL

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

054829 JUN

restor, page 3

STATE OF MARYLAND

			4		
PEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CE	RTIFIC	CATE	OF	DEATH	
			_		

8	IREG. N	10.	5	-		2
TE	OF DEATH	MONTH	DAY	VEAD	121 110	CLIA

REGISTRAR		CERTIF	ICATE OF DEATH	& IREG. N	0. 1	2	1 4
1 DECEASED NAME FIRST	WIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Thomas	95	Thon	nas TIT	5	-13	-07	201 AM
3. SEX 4	RACE	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR		F UNDER I YEAR	IF UNDER 24 HRS
- Male	Black	MONTH	-13-87		YRS (ONTHS DAYS	HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN 71	. CITIZEN OF WHAT COUNTRY	? 8. MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1/FOSTON		WIDOWE		Tal	bot		MD
10 CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSI	ING HOME C		120 USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
Enstan 1	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	1/2-2:12/	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)	70301741			177	1 101
130 STATE (mother) COUNT	Y 13c. CITY OR TOV	WN		13e.STREET ADDRESS	ZIP CODE	111	011
Md.	Cente	rvill		Route 1.	Box	80-A	
14 FATHER'S NAME FIRST ME	DDLE LAST		15. MOTHER'S MAIDEN NAM	NE MIDDLE		LAS	
Thomas	Thomas		Lachelle	Inez		_	son
160 WAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRE	SS		
(TES, NO ON CHARLOWN) (IF TES, GIVE	VAR OR DATES)						
gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c)		NOT RELATED TO THE TERMI	nal Disease or con	DITION GIVE	N IN PART 110)·
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1 = 1						ING CAUSES OF DEATH?	
21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURRE				
			1 3 4 1 A				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	P.M.	19	21f LOCATION				
	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC 1	STREET	CITY OR TO	NN	COUNTY	STATE
AT WORK AT WORK							
22a 1 certify that (1) (this hospital saw the deceased alive on				, to			that (It (we) lost
obove, (I) (we) (did) (did not)	view the body ofter death.		nd that in (my) (our) opinion d	eorn occurred on the do	re ond hour		
27b. SIGNATURE			DEGREE ATTENDING	MEDICAL STAI	e	22c DATE	SIGNED
	onler Hush	OND	PHYSICIAN 220 ADDRESS	DIRECTOR PHYSIC	IAN		
	22d. PHYSICIAN'S NAME (TYPE OR PRINT)						2601
JUDITH RO	nten Giest	9	505 whe	manifla	w ?	MISM	OT, V
	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
(SPECIFY) Removal	5-21-87			CITY OR TOWN		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and can should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

IMPORTANT: If hem 21 is morked or hem 18 shows ony

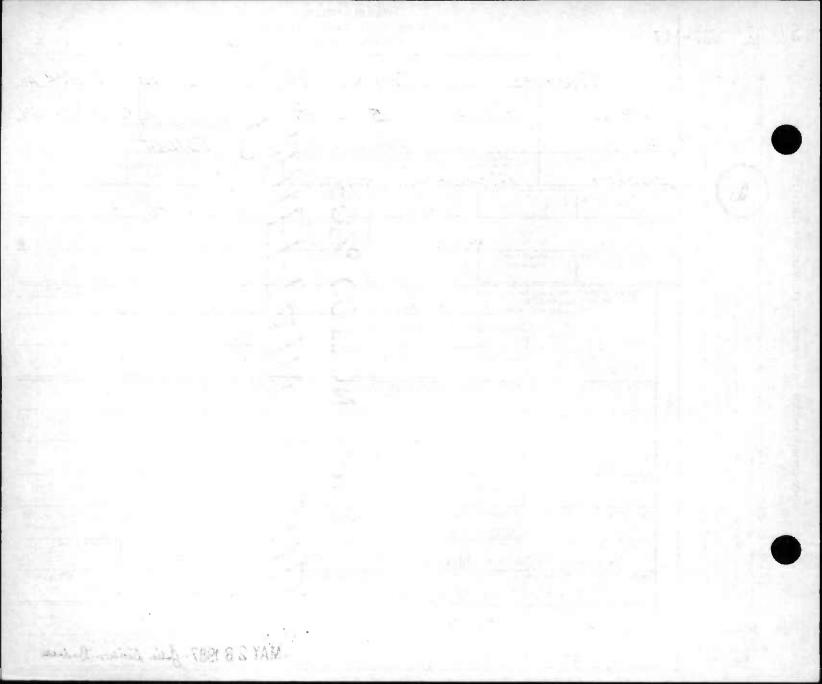
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or ottending physician.

24 FUNERAL DIRECTOR

State Anatomy Board

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
MAY 28 1987 Julia Dondon Radon



STATE OF MARYLAND

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

YES

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CERTIFICATE OF DEATH	REG. NO.	2	and a	1	0
	Twilley	20 DATE OF DEATH MONTH	DAY 19	YEAR 787	26 HOL	39/
٦	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
	July 15 1920	66 YRS	MONTHS	DATS	HOURS	MIN
	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

WIDOWED

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)

4. RACE

FOR

- STATE REGISTRAR 1 DECEASED NAME (TYPE OR PRINT)

3 SEX

CERTIFICATION

166. SOCIAL SECURITY NO

PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

STREET

77e ADDRESS

90 DATE OF OPERATION	196 CONDITION FOR
OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MON

TH DAY YEAR

WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(IF EITHER NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

gave rise to immediate cause (a), stating the

underlying cause last.

P.M 21e PLACE OF INJURY

211 LOCATION

270 | certify that N (this hospital) attended the deceased from.

, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated

CITY OR TOWN

bare (II (we) | did) (did nat) view the body after death

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 77r DATE SIGNED

73c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s and the second s the second of the second second second second Menter for Internation of the state of the state of the ME THE PROPERTY CHARLES WITH SOME AT THE Let you and the world will now the state of

055400 JUN

FOR - STATE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

underlying cause

STATE OF MARYLAND

DEPARTMENT	OF HE	ALTH	AND	MENTAL	HYGIENE
CE	RTIFI	CATE	OF	DEATH	

REGISTRAR			CERTIFICAT	E OF D	EATH	Ö	REG. NO	0	2	die d	1	54
DECEASED NAME TYPE OR PRINT)	POSE	MIDDLE	Wi	LLE	·V	20 DATE O	F DEATH	MONTH 3	DAY 19	YEAR 287	26 HOL	JR 16
SEX	- 1	I. RACE	5. DATE OF BIR	TH	1	6 AGE IN	YEARS LAST BIR	THOAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
Female		White	06	17	12		74	YRS	MONTHS	DAYS	HOURS	MIN,
	OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8. 76			9 BALTIMO	RE CITY O	R COUNT	Y OF DE	ATH		
Maryland		U.S.A.	MARRIED NEVER MARRIED		TAlpot					AAT		

O CITY OR TOWN OF DEA	TH 1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION					12a USUAL	LOCCUPATION	126 KIND OF BU	SINESS OR
EASTON			PACILITY, GIVE STREET AD		soit	41	Farm (ORK FOR MOST OF WORKING LIF	Poultry	
SUAL RESIDENCE (# NURS		THER INSTITUTION, O		DMISSION)	7	CITY LIMITS?	13e.STREET	ADDRESS / ZIP CODE 1, Box 50		- 14
4 FATHER'S NAME		DDIE Innele	last McKn		15. MOTHE	R'S MAIDEN NA	AME	Hooper	Smith	

166 SOCIAL SECURITY NO

4	10	(B TES, ONE WAR OR DATES)	213-16-8501	Guy C. Willey, Sr.	Rt 1 Box 50,	Oxford MD 2165
1	PART I. DEATH W	H (Enter only one cause per /AS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, O	line for, (a), (b), old (c). 1 Septe	shork		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any gave rise to im- couse to), statis	mediate)	ASA CONSEQUENCE OF	anjites		

17 INFORMANT

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196. CONDITION FOR WHICH O	N WAS PERFORMED	20a AUT	OPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
terform Office				YES 🗌	NO	YES 🗌	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY		21c. HOW INJURY OCCURRED	D (ENTERN	IATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)

21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION COUNTY

NOT WHILE 19_86 220 1 certify that (1) (this haspital) attended the deceased from the deceased alive on May 30 the deceosed alive on May 30 alive, (I)(we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

CITY OF TOWN

STATE

72h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PH / SICIAN'S NAME (TYPE OF THE 22e ADDRESS Easton, Maryland

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21601 James Gieske, M.D. 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

6/2/87 Oxford Cemetery Talbot MD BP. Burial Oxford 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR DHMH - 16 60M 7/B4 Newnam Funeral Home Easton, Maryland

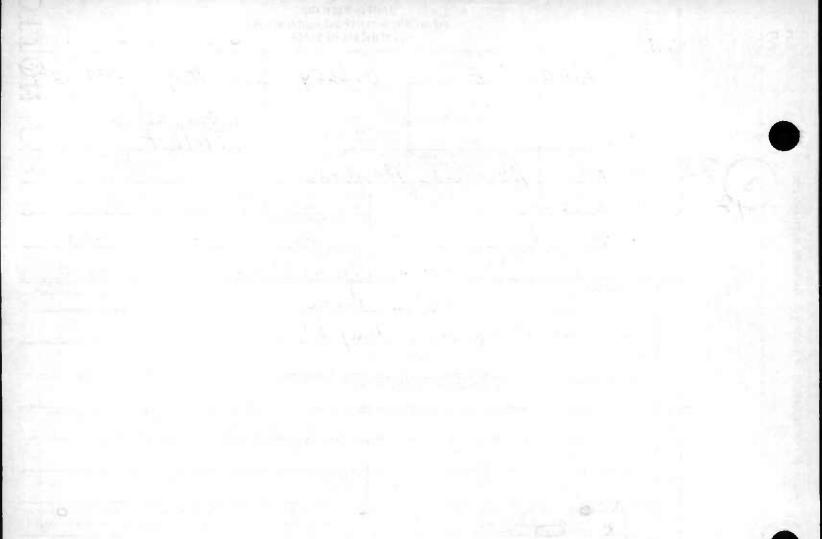
(VRA 15, 4)

os the buriol-tronsit permit. The

should be detached for use as with the State Dept. of Health

MPORTANT

CERTIFICATION



STATE OF MARYLAND

REG. NO.	5	4	i	1
OF DEATH MONTH	DAY	YEAR	2h H	OLI

	DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
	- STATE REGISTRAR		CERTIFICATE			REG. NO.	5 4	1 5	
	1. DECEASED NAME F			LAST		ATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	^	moved.	P	Ventma	N	MAY 23	1987	7400M	
	3. SEX	4 RACE		OF BIRTH		E (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male	White	0	MARRIED XNEVER MARRIED		9. BALTIMORE CITY OR COUNTY OF DEATH			
0	To. BIRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF WH	AT COUNTRY?						
	Maryland			WIDOWED DIVORCED		Tolbot		MD.	
7	10 CITY OR TOWN OF DEATH			OR OTHER INSTITUTI		SUAL OCCUPATION OF WORK FOR MOST OF WORK		F BUSINESS OR	
Easton Memoria			Rial He	HOSDITGI		chnician_		one Co.	
di	USUAL RESIDENCE (IF NURSING		RESIDENCE BEFORE ADMISSION	1136 INSIDE CITY LI	MITS? III. ST	REET ADDRESS / ZIP C	CODE		
	Maryland	Talbot	Easton	YES NO		3 Box 334	21601		
pi	14. FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAI	DEN NAME	MIDDLE	LAS		
at	William	Henry	Yeatman	Nellie		M.	Dad		
	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 168	SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS			
	yes		197-18-4804	Shirley R	Yeatmar	n Rt 3 Box 33	34 Easton	MD 21601	
	II CAUSE OF DEATH	TIL CAUSE OF DEATH (Enter only one course per line Jay (m), (b), and (c) a state of Death (Enter only one course per line Jay (m), (b), and (c)							
	PARTI DEATH WAS CAUSED BY: Respiratory failure 34 days					-dan.			
	DUE TO, OR AS A CONSEQUENCE OF A								
	Conditions, if ony, which hetastale med unitarately								
	couse (o), stoting	1 DOE TO, DIEDE WEST ALL THE PARTY AND THE P							
	underlying couse lost in a chicaroma of Klupper love month explications								
	PART 2. OTHER SIGNIFI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO EATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110							
	o Cover	live the	ait to	line					
1	190 DATE OF OPERATIO	N 196 CONDITIO	N FOR WHICH OPERAT	ON WAS PERFORMED	70a		F YES, WERE FINDIN ERTIFYING CAUSES		
-	RT I				YES	D NOV	YES	NO 🗆	
1	C. C		MONTH DAY YEA	R ZIŁ HOW INJURY	OCCURRED (e	MIER MATURE OF PAULEY IN THE	N IS FAST LOS FAST 21		
١	4 (IF EITHER NOTIFY MEDICAL) 21d INJURY OCCURRED		19						
1	216 INJURY OCCURRED	(AT HOME STREET	INJURY FACTORY, OFFICE, FARM, ETC	THE LOCATION		CITY OR TOWN	COUNTY	STATE	
	AT WORK AT WORK		- 1	1116	70	123	97		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	is hospital) attended the d	1	10	10	occurred on the date and	19.0	that Is We last	
	gove lifetentia	(did not) view, the body ofte	er death		аризон авот о	ccurred on the date and	Service of Services	The second second	
	276. SIGNATURE	=(1)2.	1)111	DEGREE ATTEN	DING _/MED	DICAL STAFF	27L DATE	SIGNED C-1	
1	000	1 Jan	Trus	PHYSI		CTOR PHYSICIAN		1210	
	22d. PHYSICIAN'S NAMI	A ALA	V as xon	MI ADDIESS	Louto	3 120	4127	1	
	1 W	AHN	HIND JIL	EAT SAT	SIDN	mithy	Um)	21001	
1	230. BURIAL, CREMATION, RE/			CEMETERY OR CREM		Easton	COUNTY	STATE	
		5/26/87	Moodl	awn Memor			Talbot	MD	
П	24 FUNERAL DIRECTOR				ZSO. DATE REC'E	D. BY REGISTRAR 256 RE	GISTRAR SISJGNAT	W. Latte	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicior should be detached for use as the burial-transit permit. Then please remove carban papers, with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

ony injury, ar ather traumatic event, the

IMPORTANT, If Hem 21 is marked or Hem 18 shaw

Newnam Funeral Home

Easton Maryland

